



REGISTERED INCOME PLAN PAYMENT FORM

CLIENT INFORMATION	Franklin Templeton Account Number _____	Last Name _____	First Name _____
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RETIREMENT INCOME PAYMENT AMOUNT	<p>For RIFs, LIFs and LRIFs your annual payment may not be less than the minimum amount, and for LIFs and LRIFs your annual payment may not exceed the maximum amount permitted by law.</p> <p> <input type="checkbox"/> Minimum amount <input type="checkbox"/> Maximum amount <input type="checkbox"/> Other amount, please specify \$ _____ <input type="checkbox"/> Net or <input type="checkbox"/> Gross </p> <p><i>The annual minimum payment is not subject to withholding tax. Unless requested below, withholding tax will not be applied to the minimum amount.</i></p>
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APPLY WITHHOLDING TAX ON PAYMENT (Optional)	<p><input type="checkbox"/> Apply tax to the whole amount, including minimum</p> <p>Specified tax rate _____ % <i>Specified tax rate must be within Federal and Provincial limits as displayed below.</i></p>
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PAYMENT FREQUENCY	<p> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually </p> <p>Payment Start Date: YYYYMMDD</p> <p>Special Payment Instructions:</p> <p><i>Your payment amount and frequency will carry forward indefinitely unless otherwise indicated in the special instructions or unless new instructions are sent to Franklin Templeton Investments Corp.</i></p>
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PROCESS MY PAYMENTS FROM	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">FUND NUMBER</th> <th style="width: 50%;">FUND NAME</th> <th style="width: 25%;">AMOUNT OR %</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	FUND NUMBER	FUND NAME	AMOUNT OR %												
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PAYMENT METHOD	<p><input type="checkbox"/> Deposit my funds directly into my bank account (PLEASE ATTACH A PRE-PRINTED VOID CHEQUE)</p> <p><input type="checkbox"/> Please transfer my payment in-kind to Franklin Templeton Account:</p>
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SPECIAL INSTRUCTIONS	<p>_____</p> <p>_____</p>
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AUTHORIZATION	<p>Account Holder Signature: _____ Date: _____</p> <p>Dealer Representative Signature: _____ Date: _____</p>
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Form Verification Check <input checked="" type="checkbox"/> List				
<input type="checkbox"/> Client Information Complete	<input type="checkbox"/> Payment Amount Selected	<input type="checkbox"/> Payment Frequency Selected	<input type="checkbox"/> Payment Method Selected	<input type="checkbox"/> Authorization Complete

Completed forms can be faxed to 1.866.850.8241, 416.364.1163, or mailed as per the contact information above.

WITHHOLDING TAX RATES		
Gross Amount	All Provinces Except Québec	Québec
\$0 - \$5,000	10%	21%
\$5,000.01 - \$15,000	20%	26%
\$15,000 +	30%	31%