



Franklin Templeton Investments Corp.
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Return of Capital (ROC) Distribution Change Form

ACCOUNT HOLDER INFORMATION – Please print

Account Number: _____

Account Holder Name: _____
Last Name (or Company Name) First Name Initial

DEALER/REP INFORMATION

Dealer Name: _____

Dealer Code: _____

Representative Code: _____

Rep Name: _____

Rep Telephone #: (____) _____

DISTRIBUTION INSTRUCTIONS

Fund Code	Fund Name	Customized ROC %*

* The rate cannot exceed the Fund's target distribution rate and must be specified as a percentage (not dollar amount). Please refer to reference guide attached for the fund's target distribution rate and choose between 0.01% and the fund's annual targeted rate.

** Customized ROC request will take effect on the next month-end distribution payment.

ADDITIONAL INSTRUCTIONS

AUTHORIZATION

Account Holder Signature*: _____ Date: _____

Joint Owner Signature*: _____ Date: _____

Investment Representative Signature*: _____ Date: _____

Dealer Authorized Signature: _____ Date: _____

* For initial ROC set up request or changes to payment methods, account holder(s) and Investment Advisor (IA) signatures are required.
 To change the customized rate, either account holder(s) or IA can sign.

Completed form can be mailed to address above or faxed to 416-364-1163 or 1-866-850-8241