

Springing Power of Attorney Affidavit by Physician

IMPORTANT INFORMATION:

- This form is required when the Power of Attorney becomes effective only upon the incapacitation of the principal.
- Complete and include the *Springing Power of Attorney Affidavit by Attorney-in-Fact* form if the Springing Power of Attorney is over two years old or when changing a registration.

If completing by hand, please print clearly in **CAPITAL LETTERS** using blue or black ink.

If applicable, provide any Franklin Templeton CASE NUMBER(S) related to your request: _____

1 ACCOUNT INFORMATION

Fund-account number(s) or asset summary number(s):

2 DECLARATION AND SIGNATURE

The undersigned authority, _____ (“Affiant”), swears and affirms that:
(Name of Physician)

1. Affiant is the physician licensed to practice medicine in _____
(State, Territory, or Country)

2. Affiant is the primary physician who has responsibility for the treatment and care of _____
(Name of Principal)

3. To the best of the Affiant's knowledge after reasonable inquiry, Affiant believes that the principal lacks the capacity to manage property, including taking those actions necessary to obtain, administer, and dispose of real and personal property, intangible property, business property, benefits, and income.

X _____
Signature of Physician Date Print Name

PLACE NOTARY STAMP/SEAL

SEE THE NEXT PAGE FOR NOTARY PUBLIC SIGNATURE

(For use by Notary Public Only)

On _____ before me, _____ personally appeared
 Date Name of Notary Public

 Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of _____ that the foregoing paragraph is true and correct.
 Name of state in which Notary is licensed

WITNESS my hand and official seal. **X**

 (Signature of Notary Public)

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

EMAIL	FAX	MAIL
<ul style="list-style-type: none"> • Emails MUST include an attachment (PDF preferred) of your request. • Sender's email address MUST match the email address on file, or the email MUST include a related case number(s) to be accepted. • Digital communication channels are not necessarily secure. If you do choose to send confidential or sensitive information to us via digital communication channels (e.g., email, chat, text messaging, fax), you are accepting the associated risks related to potential lack of security, such as the possibility that your confidential or sensitive information may be intercepted/accessed by a third party and subsequently used or sold. • If you have not been registered on franklintempleton.com for at least 15 calendar days, call (800) 632-2301 to request a case number to reference in your email. <p>Financial Professionals: ftrequests@franklintempleton.com Shareholders: shrequests@franklintempleton.com</p>	<p>(855) 891-8377</p>	<p>You may use any of the below mailing addresses:</p> <p>Regular Mail</p> <ul style="list-style-type: none"> • Franklin Templeton P.O. Box 33030 St. Petersburg, FL 33733-8030 <p>Overnight</p> <ul style="list-style-type: none"> • Franklin Templeton 100 Fountain Parkway N. St. Petersburg, FL 33716-1205