

Change of Bank Details Form

-	INVESTOR INFORMATION (Please use black ink and BLOCK CAPITALS, completing all sections marked with an asterisk(*)). 1. Please return your completed form by fax or mail to Franklin Templeton International Services S.à r.l., BP 169, L-2011 Luxembourg.				
	Tel: +352.46.66.67.212, Fax: +352.46.66.76 Your personal client reference number and portfolio reference can be found on your contract notes or statements.				
	I Mr 🗖 Mrs 🗖 Ms				
	Account Name*		Personal Client Reference Number*		
	Please provide details below for joint portfolios.				
	Account Name*	Personal Client Reference Number*			
2	CHANGE OF BANK DETAILS				
	 Third party bank details cannot be accepted. The IBAN (International Bank Account Number) is required for all payments in Euros. Only complete section 2b if more than one set of Bank Details is to be changed. 				
	Please indicate your portfolio reference(s) below to request a change of bank details.				
	Portfolio Reference (1) Portfolio Reference (2)		Portfolio Reference (3)		
	Please tick the option(s) below to which the new bank details apply.				
	Dividend Sale Regular Withdrawal Plan Regular Savings Plan				
	Beneficiary details Beneficiary Bank/Bank Name*	Bank Account Number*			
a					
	Bank Account Name* I	IBAN Number			
	Bank Address				
	S.W.I.F.T [USD, EUR only] Sort Code [GBP of	only]		Currency*	
Please indicate your portfolio reference(s) below to request a change of bank details.					
	Portfolio Reference (1) Portfolio Reference (2)		Portfolio Reference (3)		
Please tick the option(s) below to which the new bank details apply. Dividend Divid			r Withdrawal Plan		r Savings Plan
	Beneficiary details				
	Beneficiary Bank/Bank Name* Bank Account Number*				
b	Bank Account Name*		IBAN Number		
	Bank Address				
	S.W.I.F.T [USD, EUR only] Sort Code [GBP o	only]		Currency*	
3	SIGNATURES AND DECLARATIONS				
	All joint investors must sign.				
	1st Investor/Guardian/ 2nd Investor/Guardian/	stor/Guardian/ 2nd Investor/Guardian/			Financial Adviser's Number
	Authorised Person Authorised Person			son	(Optional)
	Y Y		Y		
	X X Signature/Date Signature/Date		Signature/Date		Financial Adviser's Name (Optional)
	Name (in Capitals) Name (in Capitals)		 Name (in Capita	ls)	
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Questions? Please call your financial adviser or your local Franklin Templeton office