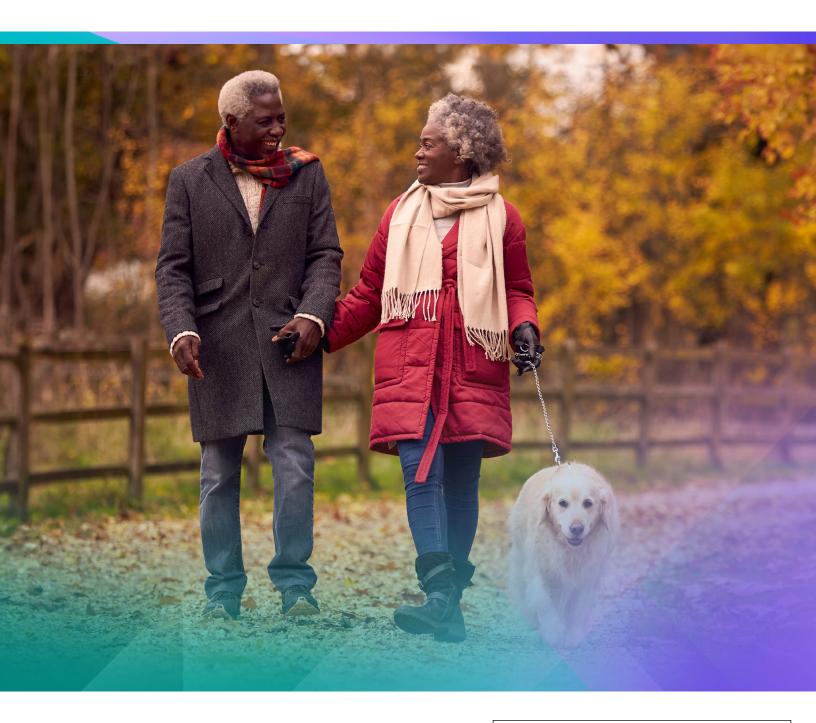
The Academy

Final wishes and ethical will

Provide your heirs with clear instructions on how to proceed after an emergency.



Caring for your loved ones takes many forms. One important way is to prepare them in case of your incapacitation or death by providing helpful information. You can do this by completing a formal final wishes and ethical will.

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From Effective date

To the investor(s)

As uncomfortable as the topic of death can be, it is an inevitable part of life. We can either leave our loved ones to continue without us, scrambling for proper next steps, or we can help prepare them. By completing this heir preparation packet you can provide your heirs with a comprehensive document containing vital information, contacts, and instructions.

What's in it for you? This document:

- 1. Confirms that you have proper documentation completed
- 2. Gives you peace of mind that your heirs will be prepared in case of emergency
- 3. Ensures your legacy is clearly defined for future generations

What's in it for your loved ones?

- 1. Clarity in a time of stress, confusion, and grief
- 2. Assurance they have what they need to follow your wishes

This final wishes and ethical will is organized in order of urgency to provide your survivors with clear instructions on how to proceed after an emergency. To simplify the moments after your death, discuss estate distribution instructions with a trusted advisor. Keep them updated on any changes throughout the years.

To the heir(s)

Grief looks different for every individual. We hope you are coping with this time in whichever way you find most appropriate for yourself. If you are reading this, someone wanted to make things as easy as possible for you by gathering critical information to help you through this difficult time.

The sections in this document include:

- 1. In case of emergency
- 2. My ethical will
- 3. Guidance on next steps

You may choose to store this document in a variety of ways:

- 1. Keep all copies in a locked location that is accessible only by people you fully trust
- 2. Provide copies only to persons who you are confident can be trusted to maintain the privacy of your information
- 3. Ensure that any electronic copies of the document are saved only on a secure device or in a secure online location
- **4.** Avoid sharing the document electronically, but if you choose to do so, use appropriate security measures

Above all, this document is designed to consolidate and supplement, not replace or supersede, a legal will or any other estate planning documents. Please see page 8 for delivery instructions.

Section 1

In case of emergency

In case of my incapacitation or death, please use the information provided in this document to understand my wishes and help guide you through this difficult time.

In the event of my incapacitation

In proper legal documents, such as my Will and Medical Directive, I have appointed the following persons to act on my behalf if I become disabled:

Power of attorney for medical decisions	First contact Second contact
	Second contact
Dower of Attorney	
Power of Attorney	First contact
over my assets	Second contact
Guardian over	First contact
my person	Second contact
Guardian over	First contact
my property	Second contact
In the event of my	I DO want to be kept at home as long as possible
incapacitation	I DO NOT want to be kept at home as long as possible

I think it is also important for my family and advisors to know the following information in the event of my incapacitation

In the event of my death

My final wishes are

e event of my death inued	Funeral home			
	I DO want to be cremated I DO NOT want to be cremated			
	I HAVE prepaid for my casket I HAVE NOT prepaid for my casket			
	I DO want to be interred I DO NOT want to be interred			
	Cemetery			
	Location	Plot / drawer #:		
	I HAVE prepaid for my burial plot I HAVE NOT prepaid for my burial p	plot		
	I HAVE prepaid my burial costs I HAVE NOT prepaid my burial cos	es es		
	I wish to be buried next to my deceased relative. His/her name is			
	They are buried at			
	I WOULD like a service to recogniz	e my death		
	I WOULD NOT like a service to rec			
	Suggested location for the service			

Officiant to perform service

Pallbearers

n the event of my death continued	Tombstone engraving
	Organs for donation
	Obituary reading
	In lieu of flowers, please ask for donations to
	I would like the following music, songs, poetry, etc., at the service
	Other special requests
	I have the following pet(s)
	The individual I would like to care for them
	Amount (\$) from my estate to be paid to them for taking care of my pet(s) for the rest of their time
	I think it is also important for my family to know the following information in the event of my death

Section 2

My ethical will

An ethical will is a document that shares my values, life lessons, and wishes to family. I have used this space to share more about who I am and what I believe.

I believe the most important things in life are
I hope to teach my family
from the following notable
experiences
I am proud of the following
things I have accomplished
My most valued traditions
include
The charities and causes that mean the most to me include
I have a commitment to
making a legacy gift to the following organizations
I hope my family uses its
inheritance to accomplish these things
How I want to be remembered

Section 3

Guidance on next steps

To simplify this stressful and confusing time for you, I have created a second document that contains my final wishes and ethical will. I have coordinated distribution instructions with my financial professional, so please see below for guidance on next steps.

Instructions

Critical financial information can be found in a document titled "Heir preparation packet." As soon as possible, please contact my financial professional for instructions on how to obtain this document. Their contact information is below.

Financial professional name	
Financial professional firm	
Address	
Phone	
Email	
	They have been instructed to give access to the "Heir preparation packet" document to the following people
	They have been instructed to
signed by me. I hope that eac	supplement, not replace or supersede, my will or any other estate planning documents h heir, family member, Power Holder, Executor, Trustee, and Guardians will use this and other naking any decisions for my family and me.
Signature	Date
Print name	

Notes		

Notes	

Notes	

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Franklin Templeton Distributors, Inc. One Franklin Parkway San Mateo, CA 94403-1906 (800) DIAL BEN® / 342-5236 franklintempleton.com