

**FRANKLINCOVEY
EMPLOYEE STOCK DISCOUNT PURCHASE PLAN
ENROLLMENT/CHANGE FORM**

Name	Social Security Number	
Street		
City	State	Zip

In accordance with the FranklinCovey Employee Stock Purchase Plan (the "Plan"), I hereby authorize FranklinCovey to deduct the following from my compensation [choose one]:

INITIAL ENROLLMENT:

_____% of my compensation for investment in FranklinCovey, Co. common stock in accordance with the Plan.
(Min 1% to Max 15%)

DEDUCTION CHANGE:

_____% of my compensation for investment in FranklinCovey, Co. common stock in accordance with the Plan.
(Min 1% to Max 15%)

TERMINATING PARTICIPATION IN PLAN:

All \$ for the current purchase period will be refunded to you.

Enrollment/Change Deadlines: Form must be completed and received by People Services **prior to the first day** of the fiscal quarter (Q1 - August 31st, Q2 - November 30th, Q3 - February 28th*, Q4 - May 31st) [*plus one day for leap year]

Termination Deadline: Form must be completed and received by People Services **prior to the last day** of the fiscal quarter (Q1 - November 29th , Q2 - February 27th*, Q3 - May 30th, Q4 - August 30th) [*plus one day for leap year]

UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

- 1) The number shown above is my correct Taxpayer Identification Number (SSN)
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (the "IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

- 1) I have received, read and understand the prospectus provided to me with respect to the Plan and
- 2) The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

Employee Signature _____ Date _____

Please complete this form and return this form to the Payroll Department.