NJBEST 529 College Savings Plan Account Features Form



- Use this form to add, change, or delete Recurring Contributions and Bank Information to your NJBEST 529 College Savings Plan Account.
- For faster processing, you can complete this request online at NJBEST.com.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the mailing address listed. Do not staple.

To request assistance in completing this form call us at **(877) 4NJ-BEST**, Monday through Friday from 8 a.m. - 8 p.m. ET.

(877) 4NJ-BEST Monday to Friday 8:30 a.m 8 p.m. ET
Monday to Friday 8:30 a.m 8 p.m. ET



Regular mailing address: NJBEST 529 College Savings Plan PO BOX 55795 Boston, MA 02205

Overnight mailing address: NJBEST 529 College Savings Plan 95 Wells Avenue, Suite 160 Newton, MA 02459

1.	Account Owner Information	
	Account Number(s) (To list more than six Accounts, use a separate sheet.).	
	Account Owner (First name)] .)
	Account Owner (Last name)	
	Telephone Number	



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2. Recurring Contribution/Bank Update

• Complete this section to add, change, or delete a Recurring Contribution from your bank account.

You can also add, change, or delete a Recurring Contribution by accessing your Account online at NJBEST.com .
To add Recurring Contribution instructions or multiple bank accounts, complete and include Section 2A and Section 3 for each Account and/or instructions.
Recurring Contributions will be unavailable for withdrawal for 5 Business Days.
Your contributions will be allocated according to the standing allocation(s) on your Account.
Recurring Contribution. You can transfer money from your bank account to your NJBEST 529 College Savings Plan Account on a set schedule. <i>(Check all that apply.)</i>
Add this option to my Account. (<i>Provide the information below and in Section 3</i> .)
 Change the investment amount, frequency, and/or debit date on my existing Recurring Contribution. (Provide the new amount and/or debit date below.) Note: If you wish to skip a scheduled Recurring Contribution, please call (877) 4NJ-BEST.
Change the bank account information currently being used for my existing Recurring Contribution. (<i>Provide the information in Section 3.</i>)
Delete this option.
Amount of Debit: \$25 \$50 \$100 \$150 \$250 Other \$_,
Start Date:*
* NJBEST 529 College Savings Plan must receive instructions at least 3 Business Days prior to the day of the month specified; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 20th day of the month.
Annual Increase. You may increase your Recurring Contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.
Amount of increase: \$,0_0
Month**: January February March April May June July August September October November December
**The month in which your Recurring Contribution will be increased. The first increase will occur at the first instance of the month selected. Annual Recurring Contribution increases are subject to the general contribution limits of the NJBEST 529 College Savings Plan and will also count toward annual federal gift tax exclusion limits.

B. Add Bank. Add bank information on file, complete **Section 3**. We will keep your bank instructions on file for future EFT contributions and/or withdrawals.

3. Bank Information

- Complete this section if you are adding a Recurring Contribution to your Account or if you are changing your bank account information.
- Recurring Contributions can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that
 is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered
 through non-bank financial companies cannot be used.
- This bank account information will be available across all beneficiaries within the same account string.

Important: I certify that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

Bank Name				
		Account Type		
Bank Routing Number	Bank Account Number	(Check One.)	Checking	Savings

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number. The named Bank Account Owner(s) must authorize this Recurring Contribution by signing below *(if different than the 529 Account Owner)*.

Name(s) on Bank Account

Bank Account Owner (First name)	(M.I.)
Bank Account Owner (Last name)	
SIGNATURE Signature of Bank Account Owner	
Joint Bank Account Owner (First name)	
Joint Bank Account Owner <i>(Last name)</i>	
SIGNATURE Signature of Joint Bank Account Owner	Date (mm-dd-yyyy)

DO NOT STAPLE

4. Systematic Withdrawal Program (SWP) (Optional)

- Complete this section to establish periodic withdrawals from your NJBEST 529 College Savings Plan Account.
- SWPs can be established for Qualified Distributions only. We are required to file IRS Form 1099-Q annually for distributions taken from your NJBEST 529 College Savings Plan Account.
- · You can have up to two SWPs on your Account.
- If the balance of the Investment Portfolio is less than the SWP amount specified, the SWP instructions will be stopped.

Important: Your SWP withdrawal may be held, if at the time it would otherwise be made, a contribution has been made to the Account that has not been on deposit for 5 Business Days, or for up to 10 Business Days if the address to which you have requested the withdrawal to be sent has changed. The SWP withdrawal will be released when the specified waiting period has been satisfied.

A. Activate the SWP for my NJBEST 529 College Savings Plan Account.

Frequency (Select one.): Monthly Quarterly Semi-Annually	Annually			
Start Date:* End Date:* Date (mmdd-yyyy) Date (mmdd-yyyy) Date (mmdd-yyyy) Date (mmdd-yyyy)				
Amount of withdrawal: \$, 0 0				

* The first systematic withdrawal will occur on the start date indicated above if this form is received within 3 Business Days of that date; otherwise, the systematic withdrawal will begin the following month. The specified withdrawal must be a date that is on or between the first day of a given month through day 28 of that month. If the date falls on a weekend or holiday, it will be processed on the following business day. The frequency is based on your start date, not calendar year.

Investment Portfolio	\$00 Dollar Amount
Investment Portfolio	\$,0 0 Dollar Amount
Investment Portfolio	\$00 Dollar Amount

B. SWP Recipient.

Account Owner (Address on record.)
Beneficiary (Address on record.)
Bank Account of Account Owner
Please confirm last four digits Last four digits of Bank Account Number
Eligible college or university (Provide school address below.)
lame of College or University (Complete only if the distribution is to be sent directly to the college or university)
epartment/Office/Contact Name
eneficiary's Student ID
Image: Address
ity State Zip Code

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5. Automatic Dollar-Cost Averaging Program (Optional)

Automatic dollar-cost averaging allows you to reallocate from one Investment Portfolio to one or more other Investment Portfolios within your Account on a pre-scheduled basis.

- To start automatic dollar-cost averaging you must make a minimum \$250.00 contribution to an initial Investment Portfolios (Source Portfolio), and at the time of the contribution, designate automatic periodic allocations to one or more other Investment Portfolios (Target Portfolio).
- Your entire initial deposit does not need to be included in the automatic dollar-cost averaging.
- Creating an automatic dollar-cost averaging at the time of enrollment will NOT count towards your twice per calendar year Investment Portfolio change limit. To start automatic dollar-cost averaging at the time of enrollment you must mail a contribution check with this completed form to the Program.
- If you make any changes to or cancel an established automatic dollar-cost averaging it will count towards your twice per calendar year Investment Portfolio change limit.

Amount: \$, , , 0 0 (minimum \$100)
Frequency (Select one.): Monthly	Quarterly (Based on established date, not calendar quarter.)
Start Date:*	

* The Program must receive instructions at least 3 business days prior to the indicated start date. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 15th day of the month.

Stop	Ty	pe	(Select	one.):
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Stop Date Date (mm/dd/yyyy)	
When total amount of Reallocation equals: \$,,	.00
When Complete Balance of the Source Portfolio is depleted.	
Source Portfolio:	
Target Portfolio:	
	\$, 0 0
Investment Portfolio	Dollar Amount
Investment Portfolio	Dollar Amount
	\$00
Investment Portfolio	Dollar Amount

DO NOT STAPLE

6.

Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all the terms and conditions of the NJBEST 529 College Savings Plan Program Description as they relate to adding, deleting, or changing financial features.

- By signing below, I authorize NJBEST 529 College Savings Plan or its designee to add, delete, or change financial features according to the instructions above.
- If I have added or changed banking information in **Section 3**, I certify that I have authority to transact on the bank account so indicated.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is funded with UGMA/UTMA assets, I further certify that I am the parent/guardian/custodian of the Account identified in **Section 1**.
- I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations.
- I am aware that by providing banking information, I also authorize the Plan to automatically provide certain capabilities in connection with my Account(s). This includes the ability to authorize withdrawals from my Accounts via telephone or through **NJBEST.com** provided my banking information has been on file for a minimum of 30 days. If I do not wish to activate these capabilities, I have not provided my banking information. I understand that if I wish to remove these capabilities from my account(s), I must delete my banking information.
- If I have chosen the Recurring Contribution option, I authorize the NJBEST 529 College Savings Plan and its designees, upon telephone or online request, to transfer amounts representing contributions made by me by initiating debit entries to my account at the bank named in Section 3. I authorize the bank to accept any such debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that none of the NJBEST 529 College Savings Plan, the New Jersey Higher Education Student Assistance Authority, New Jersey Department of Treasury, Franklin Templeton, Ascensus College Savings Recordkeeping Services, LLC or any of their respective affiliates will incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying NJBEST 529 College Savings Plan and the bank by telephone or in writing, and that the termination request will be effective as soon as NJBEST 529 College Savings Plan and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in Section 3.
- If I have chosen the Systematic Withdrawal Program option, I hereby represent and agree that all withdrawals will be, at the time
 made, Qualified Distributions and understand that, if I do not comply with this representation and agreement, such distributions may
 be subject to federal and state income taxes and a 10% federal penalty tax.

SIGNATURE	
Signature of Account Owner	

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Date (mm-da	d-yyyy)			