





### 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

Bank Routing Number

Bank Account Number

Account Type  
*(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 of Bank Account Owner

Date *(mm-dd-yyyy)*

Joint Bank Account Owner *(First name)*

*(M.I.)*

Joint Bank Account Owner *(Last name)*

Signature of Joint Bank Account Owner

Date *(mm-dd-yyyy)*





**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-dd-yyyy)