



NJBEST 529 College Savings Plan Account Application

- For faster account opening, you can enroll online at **NJBEST.com**.
- Account Owner or Beneficiary must be a resident of New Jersey.
- 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.
- Your minimum initial investment, including contributions by check, transfer, or rollover, must total at least \$25.
- Before you invest, consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in that state's qualified tuition program. Before completing this form, carefully read the [Program Description and Participation Agreement](#).
- To learn about a grant opportunity offered by the New Jersey Higher Education Student Assistance Authority (HESAA), refer to Section 12.

To request assistance in completing this form call us at **(877)4NJ-BEST**, Monday through Friday from 8:30a.m. - 8:00p.m. ET.

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

 **NJBEST.com**

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

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

1. Account Type

Individual Account. I am opening a new NJBEST 529 College Savings Plan Account.

UGMA/UTMA Account. I am opening an UGMA/UTMA Account with new funds or assets liquidated from an UGMA/UTMA Account from the state of (*please abbreviate*) in which the liquidated UGMA/UTMA custodial Account was opened.



* NJD ACCOUNT APPLICATION *

2. Account Owner or Custodian Information *(The Account Owner is the person who owns the account and the Custodian of an UGMA/UTMA is the person who manages the account until the minor reaches the age of termination. This person must be at least 18 years old at the time the Account is opened and a contribution is made.)*

Legal Name (First name) (Required) (M.I.)

Legal Name (Last name) (Required)

Social Security or Taxpayer Identification Number (Required)

Birth Date (mm-dd-yyyy) (Required)

Primary Telephone Number

Secondary Telephone Number

Mobile Landline

Mobile Landline

Email Address

U.S. Permanent Street Address (P.O. boxes are not acceptable.) (Required)

City State Zip Code

Account Mailing Address if different from above (This address will be used as the Account's address of record for all account mailings.)

City State Zip Code

Select Your Employment Status:

Employed Self-Employed Retired Not Employed

Occupation Title

Employer Name

Employer Address

City State Zip Code

3. Beneficiary or Minor Information *(The Beneficiary or Minor is the person for whom the funds are intended.)*

Legal Name (First name) (Required) (M.I.)

Legal Name (Last name) (Required)

Social Security or Taxpayer Identification Number (Required)

Birth Date (mm-dd-yyyy) (Required)

Check if Beneficiary's address is the same as Account Owner's/Custodian's, otherwise complete the following:

U.S. Permanent Street Address (P.O. boxes are not acceptable.) (Required)

City State Zip Code

Relationship of Account Participant to Beneficiary

Parent Guardian Grandparent Friend Self Other

8. Investment Option Selection *(Required)*

Complete this section to allocate your initial and future contributions to your selected Investment Option(s).

- Indicate an allocation percentage next to your selected Investment Option(s) below.
- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal **100%**.
- You may invest in as many Investment Options as you wish from the list below. You do not have to select a portfolio that aligns with the beneficiary's enrollment year.
- You can view or change your allocation instructions for future contributions online, by telephone or by form at any time.

Target Enrollment

Franklin Target 2045 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin Target 2043 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin Target 2041 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin Target 2039 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin Target 2037 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin Target 2035 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin Target 2033 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin Target 2031 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin Target 2029 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin Target 2027 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin Target 2026 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin Target Enrolled 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Objective Based

Franklin Aggressive Growth Allocation 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin Moderate Growth Allocation 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin Growth Allocation 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Individual Portfolio

ClearBridge International Growth 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Putnam Large Cap Value 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Putnam Large Cap Growth 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin U.S. Large Cap Index 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Franklin U.S. Core Bond ETF 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
iShares Core MSCI EAFE 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Money Fund

Franklin U.S. Government Money 529 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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Total %

* See the Program Description for details.

** Subject to the two permitted investment rebalances per calendar year.

9. Contribution Method *(Your minimum initial contribution must be at least \$25 per account.)*

- Your initial contribution can come from several sources combined but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions by any source will not be available for withdrawal for five (5) business days following deposit..
- Third-party personal checks up to \$10,000 endorsed over to the Plan are accepted.

Source of funds *(Complete all that apply.)*

- A. **Electronic Fund Transfer (EFT):** Through EFT, you can make contributions online or by phone whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set up an EFT, you must provide bank information in **Section 10**. The Program may place a limit on the total dollar amount per day you may contribute to an Account by EFT. *(The amount below will be a one-time EFT contribution to open your Account.)*

\$, .

Amount

- B. **Recurring Contribution:** You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly. Money will be transferred electronically based on the frequency you select into your NJBEST 529 College Savings Plan Account. You may change the investment amount and frequency at any time by logging onto your Account at **NJBEST.com** or by calling **(877)4NJ-BEST**. To add Recurring Contribution instructions or multiple bank accounts, attach a separate sheet with the information requested in **Sections 9F** and **10** for each additional Recurring Contribution instruction or bank account.

Important: To set up this option, you must provide bank information in **Section 10**.

Amount of Debit: \$25 \$50 \$100 \$150 \$250 Other **\$** , .

Amount (\$25 minimum)

Frequency (Select one.): **Monthly** **Quarterly**

Start Date:* - -

Date (mm-dd-yyyy)

*NJBEST must receive instructions at least 3 Business Days prior to the next scheduled Recurring Contribution; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transaction. 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: **\$** , .

Month:** January February March April May June
 July August September October November December

** The month in which your Recurring Contributions will be increased. The first increase will happen at the first occurrence of the month selected.

- C. **Check:** Make check(s) payable to **NJBEST 529 College Savings Plan**.

Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts, teller's checks, cashier's checks, checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Program by you, and third-party personal checks up to \$10,000 endorsed over to the Program are accepted.

\$, .

Amount

10. Bank Information (Required to establish the Recurring Contribution or EFT service.)

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.

Important: I acknowledge 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

If applicable, authorization from a joint bank account owner is required to add bank instructions on the account.

Bank Account Owner (First name)

(M.I.)

Bank Account Owner (Last name)

SIGNATURE

Signature of Bank Account Owner

 - -

Date (mm-dd-yyyy)

Joint Bank Account Owner (First name)

(M.I.)

Joint Bank Account Owner (Last name)

SIGNATURE

Signature of Joint Bank Account Owner

 - -

Date (mm-dd-yyyy)

11. 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 contribution to an initial Investment Portfolio (*Source Portfolio*), and at the time of the contribution, designate automatic periodic allocations to one or more other Investment Portfolios (*Receiving 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: \$, . **00** (minimum \$25)
Amount

Frequency (Select one.): **Monthly** **Quarterly** (Based on established date, not calendar quarter.)

Start Date:* - -
Date (mm/dd/yyyy)

* 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 Type (Select one.):

Stop Date - -
Date (mm/dd/yyyy)

When total amount of Reallocation equals: \$, . **00**

When Complete Balance of the Source Portfolio is depleted.

Source Portfolio:

Receiving Portfolio:

\$, . **00**
Investment Dollar Amount

\$, . **00**
Investment Dollar Amount

\$, . **00**
Investment Dollar Amount

12. NJBEST Matching Grant Opportunity

Account Owners who are New Jersey residents that open new NJBEST 529 College Savings Plan Accounts on or after June 29, 2021, may be eligible for a one-time grant from the New Jersey Higher Education Student Assistance Authority (HESAA) of a dollar-for-dollar match of up to \$750 of their first account contribution, if the Account Owner has a household adjusted gross income between \$0 and \$75,000. Certain other conditions apply, see the Program Description for more details.

I am a New Jersey resident with a household adjusted gross income between \$0 and \$75,000. Please send me information from HESAA about how to apply for the grant.

13. Signature and Certification— YOU MUST SIGN BELOW

By signing below, I am agreeing to terms and conditions set forth below and in the [Participation Agreement for Accounts Owned by Individuals \(the "Participation Agreement"\)](#) contained in the [Program Description](#). I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

I hereby establish, as the Account Owner/Custodian, an Account representing an interest in NJBEST 529 College Savings Plan (the "Program") for the Beneficiary to be named on this form and enter into this Participation Agreement (this "Agreement") relating to the Account with the Program.

The New Jersey Higher Education Student Assistance Authority is the administrator of the Program and has retained Franklin Templeton as the program manager (the "Program Manager") for the Program and that this Agreement is subject to and incorporates by reference the information concerning the Program, and the terms applicable to my Account, contained in the NJBEST Program Description and its Participation Agreement (the "Program Description"), as modified from time to time. Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the Program Description.

I certify that all of the information provided by me on this Account Application is, and all information provided by me in the future will be, true, complete and correct and I authorize the Program to open this Account based upon this information.

I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).

I understand that the Program may, from time to time, amend the Program Description and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments.

I have received, read and understand the Program Description and the Participation Agreement.

I understand that if I did not provide an Incoming Rollover Form along with my rollover from another 529 Program or Coverdell Education Savings Account, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal, unless the Program receives a statement, including breakdown of the earnings and contributions, from my original account. Rollovers between 529 programs for the same Beneficiary are permitted only once every 12 months, by law.

If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another qualified tuition program or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same Beneficiary within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Program receives a statement, including breakdown of the earnings and contributions, from my original account.

If I have provided banking information in Section 10, I authorize the NJBEST 529 College Savings Plan to debit my bank account and to deposit such funds into my Program Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Program nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

I am aware and agree that by providing banking information, I am also authorizing the Program to automatically provide certain capabilities in connection with my Account(s); this includes the ability to authorize withdrawals from my Account(s) via telephone or through NJBEST.com provided that my banking information has been on file for a minimum of 30 days. I am aware and agree that I should not provide my banking information if I do not wish to activate these capabilities and that if I wish to remove these capabilities from my account(s), I will need to delete my banking information.

SIGNATURE

Signature of Account Owner/Custodian

□□ — □□ — □□□□

Date (mm-dd-yyyy)

I will retain a copy of this Account Application, the [Program Description](#) and the [Participation Agreement](#) (contained in the [Program Description](#)) with my records.

All investments involve risk including possible loss of principal.

Investors should carefully consider plan investment goals, risks, charges and expenses before investing. To obtain the [Program Description](#), which contains this and other information, call Franklin Distributors, LLC, the manager and underwriter for the plan, at (877) 4NJ-BEST. You should read the [Program Description](#) carefully before investing and consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in its qualified tuition program.

NJBEST New Jersey's 529 College Savings Plan is offered and administered by the New Jersey Higher Education Student Assistance Authority (HESAA); managed and distributed by Franklin Distributors, LLC, an affiliate of Franklin Resources, Inc., which operates as Franklin Templeton.

Investments in NJBEST are not insured by the FDIC or any other government agency and are not deposits or other obligations of any depository institution. Investments are not guaranteed by the State of New Jersey, Franklin Distributors, LLC, Franklin Templeton, or its affiliates and are subject to risks, including loss of principal amount invested. Investing in the plan does not guarantee admission to any particular primary, secondary school or college, or sufficient funds for primary, secondary school or college.

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