



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 *

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

☐ Employed ☐ Self-Employed ☐ Retired ☐ Not Employed

Occupation Title

Employer Name

Employer Address

City

State

—

Zip Code

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

[illegible]

- -

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

☐ Parent ☐ Guardian ☐ Grandparent ☐ Friend ☐ Self ☐ Other

4.

- As the Account Owner/Custodian, you may designate a Successor to take control of the Account *in the event of your death*.
- **Note:** If your Account is an UTMA/UGMA Account, the individual named in this section will act as Successor Custodian until the beneficiary has reached the Age of Termination.
- The Successor must be eligible to become an Account Owner/Custodian in the event of death of the current Account Owner/Custodian. The Successor must be an individual residing in the U.S. with a valid Social Security number or Taxpayer Identification number who is at least 18 years of age or Trust (*Foreign Trusts are not eligible*), at the time the account is transferred and when a contribution is made to the account.
- You may revoke or change your designation later by completing the appropriate form.
- See the NJBEST Description and Participation Agreement for more information.

Successor's Legal Name (First name)/or Trust Name (Foreign trusts are not eligible.) (M.I.)

Successor's Legal Name (*Last name*)/or Remaining Trust Name

- -
 Birth Date or Trust Date (mm-dd-yyyy) **(Required)**

- -
 Social Security or Taxpayer Identification Number (**Required**)

Email

Primary Telephone Number

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

City

State

Zip Code

—

5.

Complete this section if you want to have an additional person (*interested party*) receive quarterly account statements.

Interested Party (First name) (M.I.)

Interested Party (Last name)

Mailing Address

City

State

—

Zip Code

- -
 Telephone Number

Relationship to Account Owner/Custodian.

☐ Compliance ☐ Investment Advisor ☐ Parent/Guardian ☐ Other

6. Trusted Contact Person Information *(Optional)*

- By completing this section, you designate the person identified below as your Trusted Contact Person for all of your beneficiaries, and authorize the the NJBEST 529 College Savings Plan and its contractors and agents to contact your Trusted Contact Person and disclose information about your Program account:
 - to address possible financial exploitation;
 - to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
 - as otherwise permitted by Financial Industry Regulatory Authority Rule (FINRA) 2165.
- This section does not create or give your Trusted Contact Person power of attorney. Your Trusted Contact Person will not be able to access your Account, make changes to your account, or transfer assets to or from your Account.
- Completion of this section is optional and you may withdraw it at any time by notifying the Program in writing. A Trusted Contact Person must be at least eighteen (18) years of age.

Trusted Contact Person (First name) (M.I.)

Trusted Contact Person (*Last name*)

– –

Trusted Contact Person's Primary Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

-

Relationship to Account Owner/Custodian.

☐ Advisor ☐ Attorney ☐ Spouse ☐ Family Member ☐ Friend ☐ Other

7. A. Registered Investment Advisor (RIA) Information

Only complete the information below if you want to add an RIA to your account or replace the existing RIA on your account. RIA will be given account inquiry access. If you wish to provide additional account access to your RIA please complete and submit an Agent Authorization/Power of Attorney Form.

Note: If your Advisor is a corporation or other entity, the entity must complete and submit a **NJBEST Organization Resolution Form**.

RIA (First name) (M.I.)

RIA (Last name)

Firm Name

IARD/Rep Number

Dealer Number

Branch Number

Mailing Address

City _____

State

—

Zip Code

□□□ – □□□ – □□□□
Telephone Number

B. Authorization Level

I, the Account Owner/Custodian listed in **Section 2**, appoint the RIA and their firm listed in **Section 7** to act on my behalf as indicated below.

Account Inquiry Access. Authorized to obtain information about my Account(s) and receive duplicate Account statements.

I ACKNOWLEDGE AND ACCEPT MY AUTHORITY TO OBTAIN INFORMATION ABOUT THE NJBEST ACCOUNT(S) AND RECEIVE DUPLICATE ACCOUNT STATEMENTS ON BEHALF OF THE ACCOUNT OWNER/CUSTODIAN LISTED IN **SECTION 2** OF THIS FORM.

SIGNATURE
Signature of RIA

□□ – □□ – □□□□
Date (mm-dd-yyyy)

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 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 2025 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"/>	%
--	----------------------	----------------------	----------------------	---

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

- To roll over proceeds directly from another 529 program, submit the program's **Incoming Rollover Form** along with this application.

Account Number

\$, .

Earnings

\$, . 0 0

☐ I am a New Jersey State Employee

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 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)*

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.

This material is being provided for general informational and educational purposes and should not be considered or relied upon as legal, tax or investment advice or an investment recommendation, or as a substitute for legal or tax counsel and provided for educational and informational purposes only. Franklin Templeton does not provide legal or tax advice. Federal and state laws and regulations are complex and subject to change, which can materially impact your results. Franklin Templeton cannot guarantee that such information is accurate, complete or timely; and disclaims any liability arising out of your use of, or any tax position taken in reliance on, such information.

© 2024. Franklin Distributors, LLC. Member FINRA/SIPC.