NJBEST 529 College Savings Plan

Agent Authorization/Power of Attorney

NJBEST
NEW JERSEY'S
529 COLLEGE SAVINGS PLAN

- Complete this form to designate an individual, corporation, or other entity as your Agent with **limited or complete authority** to act on your account(s) in NJBEST 529 College Savings Plan.
- You may only designate **one level of authorization** in **Section 3** for the Account(s) listed on this form. That level may be limited or it might give complete power to the authorized agent.
- This **Agent Authorization/Power of Attorney Form** must be signed by the Account Owner and notarized in **Section 4**.
- This **Agent Authorization/Power of Attorney Form** must also be signed by the Agent in **Section 2**.
- If there is anything about this form that you do not understand, you should seek legal advice.
- 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 address listed. Do not staple.

Forms can be downloaded from our website at **NJBEST.com**, or you can call us to order any form — or request assistance in completing this form — at **(877) 4NJ-BEST**, Monday to Friday 8:30 a.m. - 8 p.m. ET. Capitalized terms used in this form and not defined have the meanings provided in the NJBEST 529 College Savings Plan Program Description.

☎ **(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

THIS IS AN IMPORTANT DOCUMENT. THE POWERS GRANTED BY THIS DOCUMENT MAY BE BROAD AND SWEEPING. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO CONFER UPON AND GRANT TO THE PERSON YOU DESIGNATE (YOUR "AGENT") THE BROAD POWERS YOU SELECT TO TRANSACT BUSINESS WITH THE PLAN, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE PLAN WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS POWER OF ATTORNEY AUTHORIZES ANOTHER PERSON (YOUR AGENT) TO MAKE DECISIONS CONCERNING YOUR ACCOUNT(S) IN THE PLAN TO THE EXTENT SPECIFIED ON THIS DOCUMENT. **YOUR AGENT WILL BE ABLE TO MAKE DECISIONS AND ACT WITH RESPECT TO YOUR ACCOUNTS(S) WHETHER OR NOT YOU ARE ABLE TO ACT FOR YOURSELF. ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.**

YOU SHOULD SELECT SOMEONE YOU TRUST TO SERVE AS YOUR AGENT. UNLESS YOU SPECIFY OTHERWISE, GENERALLY YOUR AGENT'S AUTHORITY WILL CONTINUE UNTIL YOU DIE OR REVOKE THE POWER OF ATTORNEY OR YOUR AGENT RESIGNS OR IS UNABLE TO ACT FOR YOU. YOUR AGENT MAY BE ENTITLED TO REASONABLE COMPENSATION UNLESS YOU STATE OTHERWISE.

UNTIL YOU REVOKE THIS POWER OF ATTORNEY OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. IF YOU WISH TO REVOKE THIS POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO THE PLAN AT THE ADDRESS SET FORTH ABOVE.

THIS POWER OF ATTORNEY IS INTENDED TO COMPLY WITH THE STATUTES APPLICABLE TO IT. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND SUCH STATUTES, SUCH SATUTES SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER APPLICABLE STATE LAW NOT SPECIFIED IN THIS FORM.

IF YOU HAVE QUESTIONS ABOUT THIS POWER OF ATTORNEY OR THE AUTHORITY YOU ARE GRANTING TO YOUR AGENT, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.

1. Account Owner Information *(Required)*

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

Account Number *(List all that apply. To list more than three Accounts, use a separate sheet.)*

Name of Account Owner *(first, middle initial and last name)*

Permanent Street Address *(A P.O. box or rural route number is not acceptable.)*

City

State

Zip Code

Telephone Number *(In case we have a question about your Account.)*

2. Agent Information

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

Important Notice: In compliance with the USA Patriot Act, we are required to obtain, verify, and record information that identifies each person who opens an Account or is granted authority as an agent to act on an Account. Please provide all information requested below.

Agent First Name

M.I.

Agent Last Name

RIA Firm Name *(if applicable)*

Agent's Mailing Address

City

State

Zip Code

Telephone Number

Agent Social Security or Taxpayer Identification Number *(Required for all Agents)*

CRD # for Registered Investment Advisors

BY SIGNING, ACCEPTING, OR ACTING UNDER THIS APPOINTMENT, I ASSUME THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT. I UNDERSTAND THAT BY ACCEPTING THE AUTHORITY GRANTED UNDER THIS POWER OF ATTORNEY, A SPECIAL LEGAL RELATIONSHIP IS CREATED BETWEEN ME AND THE ACCOUNT OWNER AND THAT SUCH RELATIONSHIP IMPOSES UPON ME LEGAL DUTIES THAT CONTINUE UNTIL I RESIGN OR THE POWER OF ATTORNEY IS TERMINATED OR REVOKED. I WILL DO WHAT THE ACCOUNT OWNER REASONABLY EXPECTS ME TO DO WITH THE ACCOUNT OWNER'S PROPERTY AND I WILL ACT IN THE BEST INTEREST OF THE ACCOUNT OWNER. I ACKNOWLEDGE THAT, AS AGENT, I ACT EXCLUSIVELY FOR THE BENEFIT OF THE ACCOUNT OWNER. I FURTHER ACKNOWLEDGE THAT I OWE A DUTY OF LOYALTY TO AND PROTECTION OF THE BEST INTERESTS OF THE ACCOUNT OWNER, A DUTY TO AVOID CONFLICTS OF INTEREST THAT WOULD IMPAIR MY ABILITY TO ACT IN THE ACCOUNT OWNER'S BEST INTEREST AND TO ACT WITH CARE, COMPETENCE AND DILIGENCE IN THE EXERCISE OF THESE DUTIES. I AGREE TO DIRECT ANY BENEFITS DERIVED FROM THIS POWER OF ATTORNEY TO THE ACCOUNT OWNER. I UNDERSTAND THAT IF I VIOLATE THE APPLICABLE STATUTE GOVERNING THIS POWER OF ATTORNEY OR ACT OUTSIDE THE AUTHORITY GRANTED TO ME, I MAY BE LIABLE FOR ANY DAMAGES CAUSED BY MY VIOLATION. IF THERE IS ANYTHING ABOUT THIS DOCUMENT OR MY DUTIES THAT I DO NOT UNDERSTAND, I UNDERSTAND THAT I SHOULD SEEK LEGAL ADVICE.

SIGNATURE

Signature of Agent

Date *(mm-dd-yyyy)*

3. Authorization level

I, the Account Owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my Agent *(please initial the appropriate level of access that applies to the Account(s) listed in* ***Section 1****)*.

Note: If you have more than one Account and you wish to designate different levels of access for your different Account(s), complete a separate form for each Account.

Initial

Level 1 — Account Inquiry Access. To obtain information about my Account(s), and receive duplicate Account statements from the NJBEST 529 College Savings Plan

Initial

Level 2 — Account Inquiry Access, Contributions, and Exchanges. To obtain information about my Account(s), and receive duplicate Account statements from the NJBEST 529 College Savings Plan. To contribute money to the above-referenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s).*

Initial

Level 3 — Account Inquiry Access, Contributions, Exchanges, and Disbursements. To obtain information about my Account(s) and receive duplicate Account statements from NJBEST 529 College Savings Plan. To contribute money to the abovereferenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s). To make withdrawals, now or in the future, from the above-referenced Account(s).*

* The authority in Level 1, 2, or 3 Access is limited to the level of authority specified above. My Agent shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
- Adding, deleting, or changing any banking information with respect to my Account(s),
- Changing the Beneficiary,
- Signing or e-signing an **Enrollment Form** or otherwise opening a new Account on my behalf, or
- Transferring assets to a new Account(s).

To grant full authorization to a Power of Attorney

Initial

Level 4 — Complete Power of Attorney. I, the Account Owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my Agent to act for me in any lawful way that I may act with respect to NJBEST 529 College Savings Plan Account(s) identified in **Section 1**. This allows the Agent (but is not limited):

- To contribute and withdraw money from any Account(s) listed in **Section 1** in accordance with procedures established by the Plan.
- To contribute money owned wholly or partly by me to the above-referenced Account(s) and move money among Investment Options within each of the above-referenced Account(s).
- To withdraw, now or in the future, money from the above-referenced Account(s); and otherwise manage and enter into all other lawful transactions with respect to the above-referenced Account(s).
- To change the Beneficiary of any Account(s) listed in **Section 1**.
- To receive duplicate statements from the Plan.

4. Signature, Indemnification, and Notarization — YOU MUST SIGN BELOW

UNLESS YOU DIRECT OTHERWISE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT. THIS POWER OF ATTORNEY MAY BE REVOKED BY YOU AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS POWER OF ATTORNEY IS SIGNED AND RECEIVED IN GOOD ORDER BY THE PLAN AND CONTINUES IN EFFECT UNTIL YOUR DEATH.

I agree that any third party who receives a copy of this document, including the Plan and its service providers, may act under it with respect to Account(s) in the NJBEST 529 College Savings Plan identified in Section 1. Revocation or termination of this Power of Attorney due to my death, court determination or any other reason is not effective as to a third party, including the Plan and its service providers, until the third party receives written notice of the revocation or termination and the third party has had a reasonable amount of time to act on such notice.

I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless the New Jersey Higher Education Student Assistance Authority, the Plan's Program Manager, Ascensus College Savings Recordkeeping Services, LLC and any of their respective affiliates, authorized agents, and employees, and any third party acting hereunder (any of such persons, individually, a "third party") in connection with the NJBEST 529 College Savings Plan, from and against any and all claims that may arise or do arise against such third party by reason of any action or inaction by such third party having relied on the provisions of this Power of Attorney, including any claims that arise from acting on instructions believed by any of them to have originated from my Agent, and to pay such third party promptly on demand, for any and all losses arising out of any act by my Agent under this Power of Attorney.

IF YOU HAVE ANY QUESTIONS ABOUT THE POWER OF ATTORNEY OR AUTHORITY YOU ARE GRANTING TO YOUR AGENT, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.

SIGNATURE
Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐
Date *(mm-dd-yyyy)*

Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.

STATE OF ______________________)

)ss.:

COUNTY OF ______________________)

This document was acknowledged before me on ______________ *(date)* by ______________________________ *(name of account owner)*, who certifies the correctness of the signature of the Account Owner.

SIGNATURE
Signature of Notary

☐☐ – ☐☐ – ☐☐☐☐
Date *(mm-dd-yyyy)*

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Name of Notary *(first, middle initial, last)*

My commission expires:

☐☐ – ☐☐ – ☐☐☐☐
Date *(mm-dd-yyyy)*

Notary to place seal here

Applies to signature in **Section 4.**