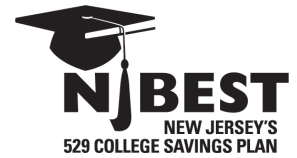



NJBEST 529 College Savings Plan

Profile Change Form



- Use this form to change: your name, address, phone number, email address, Successor Account Owner/Custodian, Beneficiary Information, Interested Party information or Trusted Contact Person information.
- If you are changing the address on your Account, a hold will be placed on the payment of any withdrawal amount until 10 Business Days have passed.
- If you are changing your name you must provide either a legal document such as a copy of a Marriage Certificate, court document, or copy of a Social Security card; or have your former signature and your new signature Medallion Signature Guaranteed in **Section 8** by an authorized officer of a bank, broker, or other qualified financial institution.
- If you are changing the Account Owner/Custodian or Beneficiary of an existing account, you must complete the **Transfer Form**.
- 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.

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

1. Current Account Owner/Custodian Information

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>

Account Number(s) (To list more than six Accounts, use a separate sheet.).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>

Account Owner/Custodian (First name) (M.I.)

[illegible]

Account Owner/Custodian (Last name)

$\square\square\square - \square\square\square - \square\square\square\square$

Telephone Number

2. Information to Update or Change

- ☐ **Account Owner/Custodian — Section 3**
- ☐ **Beneficiary — Section 4**
- ☐ **Successor Account Owner/Custodian — Section 5**
- ☐ **Interested Party — Section 6**
- ☐ **Trusted Contact Person — Section 7**



3. Updated Account Owner/Custodian Information

- If you are changing your name and/or contact information, provide only the new information exactly as you would like it to appear on your NJBEST 529 College Savings Plan Account.
- If you are correcting your social security number, you must provide a copy of a Social Security card or W-9 form.
- If you are changing your name, you must provide a legal document such as a copy of a marriage certificate, court document, or copy of a Social Security card.

Account Owner/Custodian (First name) (M.I.)

Account Owner/Custodian (Last name)

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

—

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

Primary Telephone Number

- -
 Secondary Telephone Number

☐ Mobile ☐ Landline

☐ Mobile ☐ Landline

Birth Date (mm-dd-yyyy)

Email Address

4. Beneficiary Information

- If you are changing your beneficiary name, you must provide a legal document such as a copy of a marriage certificate, court document, or copy of a Social Security card.
- If you are correcting your beneficiary social security number, you must provide a copy of a Social Security card or W-9 form.
- If you are changing the Beneficiary, you must submit a new **Account Application** and a **Transfer Form**.

Beneficiary (*First name*) (*M.I.*)

Beneficiary (Last name)

- -
 Beneficiary Social Security or Taxpayer Identification Number

— —
 Beneficiary Birth Date (mm-dd-yyyy)

Mailing Address

City

—

State Zip Code

Primary Telephone Number

- -
 Secondary Telephone Number

5. Successor Account Owner/Custodian Information

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.

- Complete this section only if you are adding, replacing, changing information, or removing Successor information on your Account. The Successor Account Owner/Custodian will become the Account Owner/Custodian upon death of the original Account Owner/Custodian.
- You may revoke or change the Successor Account Owner/Custodian at any time. See the NJBEST 529 College Savings Plan Program Description for more information.
- The person you designate as Successor Account Owner/Custodian must be at least 18 years old or can be a trust.
- You may only designate one Successor Account Owner/Custodian per beneficiary.
- The Successor Account Owner/Custodian will not receive quarterly statements.

Check one.

☐ Add New ☐ Replace/Update Existing ☐ Delete

Successor Account Owner/Custodian or Trust (First name) (M.I.)

Successor Account Owner/Custodian or Trust (Last name)

- -
 Successor Account Owner/Custodian Birth Date/Trust Date (mm-dd-yyyy) (Required)

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

8. Signature — YOU MUST SIGN BELOW

I hereby make the changes or additions noted above to my NJBEST 529 College Savings Plan Account(s). This information replaces any existing information on file with the NJBEST 529 College Savings Plan. I certify the information contained herein is true and correct, and supporting documentation is attached if required. If naming a new Successor Account Owner/Custodian, I certify that the Successor Account Owner/Custodian Social Security Number provided is correct, and that the Successor Account Owner/Custodian is a U.S. citizen or resident alien.

SIGNATURE

Signature of Account Owner/Custodian

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES IF LEGAL DOCUMENTATION IS NOT INCLUDED

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**
- Please call NJBEST 529 College Savings Plan at **(877) 4NJ-BEST** if you have any questions concerning this process.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the NJBEST 529 College Savings Plan Program Description.

SIGNATURE

Signature of Former Account Owner/Custodian *(if applicable) (In the presence of the authorized officer.)*

SIGNATURE

Signature of Current Account Owner/Custodian *(In the presence of the authorized officer.)*

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Authorized Officer to place stamp here