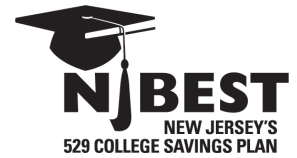



NJBEST 529 College Savings Plan

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"/>
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<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"/>

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

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

Account Owner/Custodian (Last name)

- -

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.

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

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.)*

- -
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☐ Mobile ☐ Landline

Email Address

4.

5.

6.

Complete this section if you want to have an additional person (*interested party*) receive quarterly account statements, to update information about a current interested party, or to replace or remove an interested party. Use a separate sheet if necessary.

Check one.

☐ Add ☐ Replace ☐ Change current information ☐ Remove

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Interested Party (First name)																									(M.I.)		
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Interested Party or Trust (Last name)																											
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Telephone Number																											

Relationship to Account Owner/Custodian.

☐ Compliance ☐ Investment Advisor ☐ Parent/Guardian ☐ Other

7.

- By completing this section, you designate the person identified below as your Trusted Contact Person for all beneficiaries, and authorize the NJBEST 529 College Savings Plan and its present and future direct and indirect subsidiaries, affiliates, successors to contact your Trusted Contact Person and disclose information about your NJBEST 529 College Savings Plan Account 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 any designation of a Trusted Contact Person at any time by notifying the NJBEST 529 College Savings Plan in writing. A Trusted Contact Person must be at least eighteen (18) years of age. You may add, change or remove your Trusted Contact Person by using this form.

☐ Add ☐ Remove ☐ Change

[illegible]**Relationship to Account Owner/Custodian.**

☐ 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 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