NJBEST 529 College Savings Plan

Payroll Direct Deposit Form

NJBEST
NEW JERSEY'S
529 COLLEGE SAVINGS PLAN

- Complete this form to establish, change, or delete payroll deduction instructions on your existing accounts.
- The employee must be the Account Owner or the Custodian for a Minor.
- For faster processing, you can complete this request and receive your confirmation with instructions online at **NJBEST.com**.
- If you're updating your payroll contribution per pay period, please update through your employer's payroll department or online self-service portal if available.
- If you're changing the amount per Beneficiary account, please login to your Account at **NJBEST.com** to update.
- After this form is processed, you will receive a **Payroll Direct Deposit Confirmation Form**, which you must sign and submit to your employer's payroll department or if your employer offers a self-service portal to set-up payroll direct deposit, you do not need to submit this confirmation to your employer, instead follow the routing instructions provided and enter into the portal. Your payroll direct deposit instructions will not take effect until your employer has processed your signed form or submitted your request through the self-service portal.
- Contributions made through payroll deductions are after-tax contributions.
- Print clearly, preferably in capital letters and black ink. Do not staple..

(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

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

1. Account Owner Information

☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number

☐☐☐☐
Last Four Digits of Social Security Number or Individual Taxpayer ID Number

First Name of Account Owner
(M.I.)

Last Name of Account Owner

☐☐☐ – ☐☐☐ – ☐☐☐☐
Primary Telephone Number

☐☐☐ – ☐☐☐ – ☐☐☐☐
Secondary Telephone Number

2. Employer Information

Name of Employer

Employer Mailing Address

Employer City

State

Zip Code

Payroll Department Contact Name

☐☐☐ – ☐☐☐ – ☐☐☐☐
Telephone Number

Extension *(if any)*

☐ **Important:** Check here if you are an employee of the State of New Jersey.

NJD PAYROLL DEPOSIT

3. Payroll Direct Deposit Instructions

If your employer submits your payroll deductions by check or electronically, your contributions may not be available in your NJBEST 529 College Savings Plan Account for five calendar days.

Check one: ☐ Start Payroll Direct Deposits ☐ Change Amount ☐ Stop Payroll Direct Deposits *(Skip to* ***Section 4.****)*

Deduct $ ___,___ .0 0 from my paycheck each pay period and allocate the amount among my NJBEST 529 College Savings Plan accounts as described below.

Note: You can allocate any amount per pay period to each account. Please use an additional sheet if you have more than four accounts.

Account Number — Dollar Amount $ ___,___ .0 0

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

Account Number — Dollar Amount $ ___,___ .0 0

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

Account Number — Dollar Amount $ ___,___ .0 0

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

Account Number — Dollar Amount $ ___,___ .0 0

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

4. Signature — YOU MUST SIGN BELOW

By signing below, I authorize my employer to remit Direct Payroll Deposits to the above-stated NJBEST 529 College Savings Plan Account(s).

I certify that I have read the NJBEST 529 College Savings Plan Program Description and understand the rules governing the NJBEST 529 College Savings Plan. Further, I understand that none of the NJBEST 529 College Savings Plan, New Jersey Higher Education Student Assistance Authority, Franklin Templeton Investments, Ascensus College Savings Recordkeeping Services, LLC or their respective affiliates are responsible for any claims I may make and/or losses resulting from my employer's failure to timely and accurately process my contributions via payroll direct deposit. This authorization will remain in effect until canceled by me or by the NJBEST 529 College Savings Plan, or upon termination of my employment.

SIGNATURE

Signature of Account Owner

Date *(mm-dd-yyyy)* — —

Employee Checklist

- Be sure to include your account number(s) for each Beneficiary listed on this form in Section 2.
- Your Direct Deposit form will be rejected by NJBEST 529 College Savings Plan in its entirety if your allocation for each Beneficiary does not equal 100%.
- Complete your payroll direct deposit set-up through your employer's self-service portal or give a copy of the payroll direct deposit confirmation to your employer.
- Mail the original copy of this form to the NJBEST 529 College Savings Plan. It may take up to 10 days from the receipt of this form before a Direct Deposit can be accepted from your employer.