

NJBEST 529 College Savings Plan

Incoming Rollover Form

Please read the NJBEST 529 College Savings Plan Program Description for complete Rollover information before completing this form.

- Your rollover proceeds will be invested according to the allocation instructions you provide in **Section 4**. For new Accounts, the Plan will follow the allocation instructions on the application you submit with this form.
- Complete a separate form for each account and submit a new **Account Application** along with this form, unless you already have a NJBEST 529 College Savings Plan Account for this Beneficiary.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form. *A Medallion Signature Guarantee may be required as described in Section 5.*

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. Rollover Type

Use this form to request a rollover or transfer from the following:

☐

Another Section 529 Program

☐

Coverdell Education Savings Account (ESA)

☐

Qualified Series EE or I Savings Bond ("Savings Bond")¹

☐

Uniform Gifts/Transfers to Minors Act (UGMA/UTMA) Custodial Account

☐

Other investment to Franklin Templeton 529 College Savings Plan

2. NJBEST 529 College Savings Plan Account Information

Account Number (If you have not established an Account, complete and enclose an **Account Application**).

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

Account Owner (First name) (**Required**)

(M.I.)

Account Owner (Last name) (**Required**)

Telephone Number

Beneficiary (First name) (**Required**)

(M.I.)

Beneficiary (Last name) (**Required**)

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



* NJD INCOMING ROLLOVER *

3. Current Section 529 Program Manager or ESA Custodian (*Financial Institution*)

- The account from which you are moving assets must have the same Account Owner name as well as Social Security number or Taxpayer Identification number as your NJBEST 529 College Savings Plan Account. Please contact your current Section 529 plan's Program Manager or ESA Custodian for proper mailing address.
- If you do not provide a breakdown from your current 529 Plan Manager or ESA Custodian of your investment portion and earnings portion with your rollover check, the entire amount may be treated as earnings that may be taxable upon withdrawal.

Account Number of 529 Program or ESA

Name of Current 529 Program Manager or Custodian (*Usually a Financial Institution*)

Address of Current 529 Program Manager or Custodian

City

State

Zip Code

Contact Person

Telephone Number

☐
Check this box if the Beneficiary on this account differs from the Beneficiary indicated in **Section 2**.

4. Instructions to Current Section 529 Plan Program Manager or ESA Custodian

The assets described below must all be held by the Financial Institution indicated in **Section 3**. Your rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you have not established an Account, they will be invested according to what you choose on the **Account Application**.

Check one.

- A. ☐ **Roll over all of the assets in my current 529 Plan or ESA account to my NJBEST 529 College Savings Plan.** (*To list more than two current Accounts, use a separate sheet.*)

Account Number

Estimated Account Value

Account Number

Estimated Account Value

- B. ☐ **Roll over a portion of the assets as directed below to my NJBEST 529 College Savings Plan.** (*To list more than two options, use a separate sheet.*)

Account Number

Name of Investment Portfolio

Amount

Account Number

Name of Investment Portfolio

Amount

5. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct.

- I certify that I have read and understand, consent, and agree to all of the terms and conditions of the NJBEST 529 College Savings Plan Program Description, and understand the rules and regulations governing rollover contributions from other Section 529 programs and ESAs.
- I understand that for rollovers from Section 529 programs only one such rollover for the same Beneficiary is permitted in any 12-month period.
- Please call the NJBEST 529 College Savings Plan at **(877) 4NJ-BEST** if you have any questions concerning this process.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Medallion Signature Guarantee — IF APPLICABLE

Important Information. Your current Section 529 program may require a medallion signature guarantee on this form and it may have additional requirements before releasing your funds. To avoid delays in processing your rollover, contact your current Section 529 program for instructions before mailing this form to the NJBEST 529 College Savings Plan. You may be required to provide proof to your bank or broker of your authority to act on behalf of the account(s) you are rolling over before a medallion signature guarantee will be provided.

- 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.**
- **The lack of a required Signature Guarantee could delay this rollover.**

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 Account Owner (In the presence of the authorized officer.)

SIGNATURE

Signature of Guarantor

Title


Name of Institution

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Authorized Officer to place stamp here**6. Authorization and acceptance** (No Account Owner action is necessary in this section.)

NJBEST 529 College Savings Plan hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the Account established on behalf of the Account Owner named herein.



Authorized signature, NJBEST

INSTRUCTIONS TO CURRENT SECTION 529 PLAN PROGRAM MANAGER OR ESA CUSTODIAN

Send redemption proceeds by check to **NJBEST 529 College Savings Plan, PO BOX 55795, Boston, MA 02205.**

Make the check payable to NJBEST 529 College Savings Plan. Include the Account Owner name and the NJBEST 529 College Savings Plan Account number (if provided) on the check and enclose a statement that shows the principal and earnings of the amount being rolled over to the NJBEST 529 College Savings Plan Account.