

4. 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.

Note: The IRS may issue additional guidance that may impact 529 account rollovers to Roth IRAs. Please consult a financial professional or tax advisor regarding the applicability of these rollovers to your personal situation.

- I certify that I have read, understand, consent, and agree to all of the terms and conditions of the NJBEST 529 College Savings Plan Program Description, and in particular the description in such Program Description of the requirements and limitations applicable to rollovers from an NJBEST 529 College Savings Plan Account to a Roth IRA account, that I understand the rules and regulations governing rollover contributions to Roth IRAs from section 529 plans, and that the rollover I am requesting meets all of the requirements and conditions required for an eligible rollover of assets to Roth IRAs from a section 529 plan.
- I understand that my section 529 plan account must be open for 15 or more years in order to qualify for a rollover to a Roth IRA.
- I understand that a lifetime maximum amount of \$35,000 per Beneficiary may be rolled over from section 529 plan accounts to Roth IRAs.
- I understand that 529 contributions and associated earnings must be in my section 529 plan account for more than 5 years in order to qualify for a rollover to a Roth IRA.
- I understand that I am responsible for tracking and documenting the length of time my section 529 plan account has been open and the amount of assets in my section 529 plan account eligible to be rolled into a Roth IRA.
- I understand that section 529 plan account assets can only be rolled over into a Roth IRA maintained for the benefit of the Beneficiary on my section 529 plan account.
- I understand that the Roth IRA contribution is subject to the Roth IRA contribution limit for the taxable year applicable to the Beneficiary for all individual retirement plans maintained for the benefit of the Beneficiary.

SIGNATURE

Signature of Account Owner

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Date (mm-dd-yyyy)