



**NJ BEST**  
NEW JERSEY'S  
529 COLLEGE SAVINGS PLAN

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

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Account Owner/Custodian (Last name)



☐ **A NJBEST 529 College Savings Plan Account for this Beneficiary exists for this new Account Owner/Custodian.**  
(Please provide account number.)

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

☐ **A new NJBEST 529 College Savings Plan Account will be established for this Beneficiary.** *(Please include a new Account Application with this form.)*

☐ Successor Account Owner/Custodian

☐ Executor of the Decedent's Estate

Other (Please specify)	
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If an option is not selected below, the transfer amount will be allocated accordingly to the new Account's existing allocation for future contributions.

☐ I want to transfer the assets in-kind. (An "in-kind" transfer will move the selected assets over to the receiving account without a change in currently held investment allocations(s).)

☐ I want to transfer and allocate the assets according to the new Account's current allocations for future contributions. *(By selecting this option, the current investments will be liquidated, and the funds will be deposited into the new Account according to the allocation for future contributions on the new Account.)*

The Successor Account Owner/Custodian or Executor of the deceased Account Owner's/Custodian's Estate must sign below.

[illegible]

(M.I.)

[illegible]

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

Date (mm-dd-yyyy)

[illegible]

(M.I.)

[illegible][illegible][illegible]

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Zip