

2. New Account Information

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

Account Owner/Custodian (Last name)

Please check one box:

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

Existing Account Number

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

Capacity of Requestor (Please choose one):

- Successor Account Owner/Custodian
Parent/Guardian of Minor Beneficiary
Executor of the Decedent's Estate
Of Age Beneficiary
Other (Please specify)

3. Transfer Type

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

Check one.

- 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.)

4. Signature — YOU MUST SIGN BELOW

The Requestor/New Account Owner must sign below.

As the Requestor/New Account Owner, I certify that the information provided on this form is true and complete in all respects.

New Account Owner's/Custodian's First Name (M.I.)

New Account Owner's/Custodian's Last Name

SIGNATURE
Signature of New Account Owner/Custodian

Date (mm-dd-yyyy)

Please only fill out below if you will need your original legal documents returned: (Optional)

Recipient First Name (M.I.)

Recipient Last Name

Mailing Address

City State Zip