

NJBEST 529 College Savings Plan¹

Automatic Investment Plan Application

The Contributor or Beneficiary must be a New Jersey resident.

Complete this form to establish or change an automatic investment plan from your bank account into an existing NJBEST 529 College Savings Plan. To open a new account, complete an NJBEST 529 College Savings Plan Application available at NJBEST.com.

1 AUTOMATIC INVESTMENT PLAN AUTHORIZATION

Please complete the following to establish or change automatic investment transfers directly from your bank account according to the options selected below. Allow up to 15 business days from receipt by Franklin Templeton Investments for initial processing. If frequency and investment date selections are not made, we will default to monthly on the 20th.

ACCOUNT NUMBER	AMOUNT (\$25 minimum for each)	START MONTH	FREQUENCY (select one)	INVESTMENT DATE ² (select one)
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> quarterly	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 20th <input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> quarterly	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 20th <input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> quarterly	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 20th <input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> quarterly	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 20th <input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th

If the portfolio account(s) and the bank account identified below DO NOT include at least one common owner, all bank account owners must sign in Section 2 and have their signatures guaranteed; and all registered owners signing in Section 2 must also have their signatures guaranteed.

NAME(S) (PRINT AS SHOWN ON NJBEST 529 ACCOUNT REGISTRATION)

- Checking account
 Savings account

Bank name

Bank routing number

Bank account number

NAME(S) (PRINT AS SHOWN ON BANK ACCOUNT REGISTRATION)

Tape a preprinted voided check or preprinted savings account deposit slip here.

Bank account registration information (your name and address) cannot be blank or handwritten.

Do not staple.

J. A. Sample 123 Street Anywhere, USA 00000	XXXXX
PAY TO THE ORDER OF: _____	DATE _____
_____	_____
FOR _____	DOLLARS
XXXX XXX XXXX XXXX XXXXX XXXXXX XXXXX	

VOID

1. Offered and administered by the New Jersey Higher Education Student Assistance Authority (HESAA); managed and distributed by Franklin Templeton Distributors, Inc., an affiliate of Franklin Resources, Inc., which operates as Franklin Templeton Investments. No federal or state guarantee. Principal value may be lost, and investing in the plan does not guarantee admission to college or sufficient funds for college. Please refer to the *Investor Handbook* for more complete information.

2. If the Investment Date falls on a weekend or holiday, the transaction will be made on the following business day.

2 AUTHORIZED SIGNATURES

Certain capitalized terms herein are used as defined for purposes of the current *Investor Handbook*, which contains a description of the NJBEST 529 College Savings Plan, including information about actions taken by this form.

By signing below, I authorize Franklin Templeton Distributors, Inc., or its designee (“Distributors”), its agents, and their affiliates, to act on instructions believed to be genuine and from me for the service authorized on this form. The Automatic Investment Plan is subject to conditions set forth in the *Investor Handbook*. By completing Section 1 on this form, I authorize Distributors to initiate debit entries to my Account at the financial institution indicated and for the financial institution to debit the same to such Account through the Automated Clearing House (ACH) System, subject to the rules of the financial institution, ACH, and Distributors. I certify that I am an owner of the bank account identified on this form and that my signature alone is sufficient to authorize. Distributors may correct any transaction error with a debit or credit to my financial institution account and/or NJBEST 529 Account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify Distributors of its revocation by telephone or in writing and they have had sufficient time to act on it.

SIGNATURE	Date	SIGNATURE	Date
X _____	<input type="text"/>	X _____	<input type="text"/>

SIGNATURE GUARANTEE STAMP (if required)	SIGNATURE GUARANTEE STAMP (if required)

SIGNATURE	Date	SIGNATURE	Date
X _____	<input type="text"/>	X _____	<input type="text"/>

SIGNATURE GUARANTEE STAMP (if required)	SIGNATURE GUARANTEE STAMP (if required)

PLEASE MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

Please mail to:
NJBEST 529 College Savings Plan
P.O. Box 33090
St. Petersburg, FL 33733-8090

Overnight
NJBEST 529 College Savings Plan
100 Fountain Parkway
St. Petersburg, FL 33716-1205

