

- Use this form to establish or change an automatic investment plan from your bank account into an existing NJBEST 529 College Savings Plan Account.
- To open a NEW account, complete an *NJBEST 529 College Savings Plan Account Application* available at NJBEST.com.
- The Account Owner or Beneficiary must be a New Jersey resident.

If completing by hand, please print clearly in CAPITAL LETTERS using blue or black ink.

If applicable, provide any Franklin Templeton case number(s) related to your request: _____

1 ACCOUNT INFORMATION

Account Owner first name _____ M.I. _____ Last name _____ Suffix _____

Email address¹ _____ Account Owner SSN/TIN _____

Primary phone number () _____ Alternate phone number () _____

2 AUTOMATIC INVESTMENT PLAN

Complete this section to establish an automatic investment plan directly FROM a bank account TO your NJBEST 529 College Savings Plan portfolio(s).

- Franklin Templeton may take up to 15 days to establish your automatic investment. \$25 investment minimum per portfolio.
- If Frequency and Investment Date are not selected, we will default to monthly on the 20th.
- If the Investment Date falls on a non-business day, the transaction will be made on the following business day.
- Select only one investment date, unless you select twice a month as the frequency.
- If you select twice a month as the frequency, the selected dates must be at least 10 days apart. If you do not select two dates or select dates that are not 10 days apart, we will default to the 1st and the 15th.

Select ONE of the following:

- Apply to all portfolio(s) listed under the SSN/TIN provided in Section 1. \$ _____ per portfolio.
Specify your start month, frequency and investment date(s) below:

START MONTH	FREQUENCY (select one)	INVESTMENT DATE
_____	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 20th
	<input type="checkbox"/> twice a month <input type="checkbox"/> annually	<input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th

- OR**
- Specify a different start month, frequency and investment date(s) for only the portfolio(s) listed below.

PORTFOLIO NAME/NUMBER/ACCOUNT NUMBER	AMOUNT	START MONTH	FREQUENCY (select one)	INVESTMENT DATE
_____	\$ _____	_____	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 20th
_____	\$ _____	_____	<input type="checkbox"/> twice a month <input type="checkbox"/> annually	<input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th
_____	\$ _____	_____	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 20th
_____	\$ _____	_____	<input type="checkbox"/> twice a month <input type="checkbox"/> annually	<input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th
_____	\$ _____	_____	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 20th
_____	\$ _____	_____	<input type="checkbox"/> twice a month <input type="checkbox"/> annually	<input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th

1. If you currently receive any electronic communications/documents from Franklin Templeton, future communications/documents will be sent to the email address provided on this form, replacing any prior email address on file.

3 BANK INFORMATION FOR ELECTRONIC SERVICES

Please establish/change electronic transfers to or from my bank account for all portfolio(s) listed under the SSN/TIN provided in Section 1. Only one bank account can be linked to my Franklin Templeton account(s) for purchases and redemptions. If my bank or credit union is not an Automated Clearing House (ACH) member, this service is not available.

- These bank instructions will be established for purchases, automatic investment plan transfers and redemptions.
- Any bank account owner who is not an owner of the NJBEST 529 College Savings Plan Account must sign in Section 4.
- No checks? Include a preprinted savings account deposit slip or letter from your bank, on its letterhead and signed by an officer. The deposit slip or letter must include the bank account registration, account number, account type and bank routing number. Do not staple to the form. Handwritten information on the savings deposit slip or bank letterhead is not acceptable.

Select ONE of the following options:

- Use my enclosed letter from my bank.
- Use my enclosed preprinted voided check.
- Use my enclosed preprinted checking deposit slip.
- Use my enclosed preprinted savings deposit slip.

Bank routing number (9 digits) Bank account number

4 AUTHORIZATION AND SIGNATURE

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 IN SECTION 4, I CERTIFY AND AGREE THAT:

- I understand that this plan is offered and administered by the New Jersey Higher Education Student Assistance Authority (HESAA) and managed and distributed by Franklin Distributors, LLC, an affiliate of Franklin Resources, Inc., which operates as Franklin Templeton. 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.
- I authorize Franklin Distributors, LLC, or its designee, 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*.
- If I request transfers to or from my bank account in this form or at any time, including by telephone, electronically or otherwise, you are authorized to make those requested transfers (and to make, if necessary, adjusting transfers if any amounts are transferred in error). I agree that Franklin Templeton may make additional attempts to debit/credit the account if the initial attempt fails, and if a transfer is denied by the Bank for any reason, Franklin Templeton will discontinue this authorization. I understand that I can end this authorization at any time by notifying you in writing, by telephone or by terminating on franklintempleton.com. If I am an owner of the bank account identified in Section 3 of this form, I certify that my signature alone is sufficient to authorize debits from the bank account.
- I understand that digital communication channels are not necessarily secure. If I do choose to send confidential or sensitive information to you via digital communication channels (e.g. email, chat, text messaging, fax), I am accepting the associated risks related to potential lack of security, such as the possibility that my confidential or sensitive information may be intercepted/ accessed by a third party and subsequently used or sold.

Signature Requirements:

- Signature of the NJBEST 529 College Savings Plan Account Owner is always required.
- If establishing new bank information, refer to the chart below for signature requirements.

Is there at least one common owner between the NJBEST 529 College Savings Plan Account Owner and the bank account owner(s)?	Signature Requirement
No common owner	Notarized signatures of the NJBEST 529 College Savings Plan Account Owner and the bank account owner(s)
Yes, there is at least one common owner	Signature of the NJBEST 529 College Savings Plan Account Owner
Yes, but the common owner name does not match identically	Notarized signatures of the NJBEST 529 College Savings Plan Account Owner and the bank account owner(s) (Notary would not be required if proof ² of name change is included)

2. A photocopy of the court document that authorizes the name change. If the name change is due to marriage, a photocopy of the document evidencing marriage issued by the appropriate city, county, or state governmental body is acceptable. A document evidencing marriage issued by a church or other entity is not acceptable.

NJBEST 529 COLLEGE SAVINGS PLAN ACCOUNT OWNER'S SIGNATURE ONLY

The Account Owner named in Section 1 must sign this form. See previous page for signature requirements.

X	Date
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Signature of NJBEST 529 College Savings Plan Account Owner

IF REQUIRED, PLACE NOTARY STAMP/SEAL HERE.

BANK ACCOUNT OWNER(S) SIGNATURE(S) ONLY

Any bank account owner who is not an owner of the NJBEST 529 College Savings Plan Account must sign below. See previous page for signature requirements.

X	Date	X	Date
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Signature of Bank Account Owner

Signature of Bank Account Owner

IF REQUIRED, PLACE NOTARY STAMP/SEAL HERE.

IF REQUIRED, PLACE NOTARY STAMP/SEAL HERE.

(For use by Notary Public Only)

On before me, personally appeared

Date Name of Notary Public

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of that the foregoing paragraph is true and correct.

Name of state in which Notary is licensed

WITNESS my hand and official seal. **X** _____
(Signature of Notary Public)

BEFORE YOU SUBMIT...

TO ESTABLISH OR CHANGE AN AUTOMATIC INVESTMENT PLAN – DID YOU PROVIDE?

- A typed form or form handwritten in capital letters using blue or black ink.
- A Franklin Templeton case number related to your request on page 1 (if you were provided with one).

SECTION 1

- Full first and last name
- Social Security number/TIN
- Email address

SECTION 2

- Portfolio name(s)
- Amount, start month, frequency and investment date(s) for each

SECTION 3

- Pre-printed voided check, savings deposit slip or letter from your bank on the bank's letterhead included with your completed form

SECTION 4

- The signature of the NJBEST 529 College Saving Plan Account Owner and date signed
- The signature of the Bank Account Owner(s) and date signed (if applicable)
- Notary stamp (if applicable)

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

IMPORTANT: If an original signature guarantee or notary is required you may NOT email or fax your documents.

EMAIL	FAX	MAIL
<ul style="list-style-type: none">• Emails MUST include an attachment (PDF preferred) of your request and related case number(s) to be accepted.• If you have not been registered on franklintempleton.com for at least 15 calendar days, call (877) 4NJ-BEST to request a case number to reference in your email. <p>Shareholders: shrequests@franklintempleton.com</p>	(855) 891-8377	You may use any of the below mailing addresses: Regular Mail <ul style="list-style-type: none">• NJBEST 529 College Savings Plan P.O. Box 33090 St. Petersburg, FL 33733-8090• NJBEST 529 College Savings Plan P.O. Box 997153 Sacramento, CA 95899-7153 Overnight <ul style="list-style-type: none">• NJBEST 529 College Savings Plan 100 Fountain Parkway N. St. Petersburg, FL 33716-1205• NJBEST 529 College Savings Plan 3344 Quality Drive Rancho Cordova, CA 95670-7313

