



PAYROLL DEDUCTION FORM

- Complete this form to establish payroll deduction contributions from your paycheck into a new or existing NJBEST 529 College Savings Plan Account.
- The Contributor or Beneficiary must be a resident of New Jersey.

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 OWNER AND EMPLOYEE INFORMATION

For new accounts: Return this form with a completed *NJBEST 529 College Savings Plan Account Application*.

- For a current and complete list of portfolios, visit NJBEST.com.

CHECK THE APPROPRIATE BOX:

- Establish payroll deduction for the first time Change payroll deduction instructions Stop payroll deduction

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

Primary phone number _____ Alternate phone number _____ Email (optional) _____
 () ()

Account number _____

- Check here and skip to Section 2 if the Employee/Contributor is the same as the 529 Account Owner.

EMPLOYEE/CONTRIBUTOR

First name _____ M.I. _____ Last name _____ Suffix _____ SSN _____

Primary phone number _____ Alternate phone number _____ Email (optional) _____
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2 PAYROLL DEDUCTION INFORMATION

Total deduction per paycheck \$ _____

BENEFICIARY NAME	BENEFICIARY SSN	NJBEST ACCOUNT NUMBER (OR NEW)	INVESTMENT OPTION NAME	% OF TOTAL DEDUCTION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL: 100%

If you are a New Jersey State Government employee, skip to Section 4. Otherwise, proceed to Section 3.

3 NON-NJ STATE GOVERNMENT EMPLOYER INFORMATION (To be completed by Employer)

Employer name _____ Employer group number (employers who are existing payroll deduction participants) _____

Employer street address _____ City _____ State _____ ZIP _____

H.R. department contact name _____ Daytime phone number _____
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- You may be able to bypass your payroll department if your employer offers self-service direct deposit payroll. Please use the ACH instructions provided for direct deposit.

ACH INSTRUCTIONS FOR PAYROLL DEDUCTION

Bank Name: JP Morgan Chase

Account Name: 529 Account Owner Name

Bank ABA Number: 0214-0916-9

Account Number: 529 _____ 99999

[Spaces are for 529 Account Owner Social Security Number (no dashes).]

Proceed to Section 5.

4 NJ STATE GOVERNMENT EMPLOYER INFORMATION (To be completed by NJ State Government employee)

Name of NJ state government entity

Employer street address City State ZIP

5 AUTHORIZATION AND SIGNATURE

Participants must READ the *Investor Handbook* and the *Participation Agreement* that is Appendix A of the *Investor Handbook* ("Participation Agreement") and SIGN this section in ink below. Certain capitalized terms are used as defined for purposes of the *Investor Handbook*.

- 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 have read and understand the terms and conditions of the Plan as described in the *Investor Handbook* and the *Participation Agreement* as currently in effect. I understand that the Plan may, from time to time, amend the *Investor Handbook* and the *Participation Agreement*. I agree that my Plan Account will at all times be governed by the terms and conditions contained in the *Investor Handbook* and *Participation Agreement*, as amended from time to time, which are expressly incorporated by reference into my Account Application.
The information provided on this form, including the Social Security or Taxpayer Identification Numbers given, is true, correct and complete, and that I have legal capacity and am of legal age to enter into this Agreement. You may verify this information with others, including third-party credit reporting agencies and databases and U.S. and/or foreign government agencies.
I hereby authorize the Employer listed in Section 3 or 4 of this form to initiate payroll deductions and forward the funds in accordance with the instructions in Section 3. This authorization shall remain in force and effect until I notify my Employer in writing of its termination in such time and in such manner as to afford both my Employer and the financial institution identified in Section 3 a reasonable opportunity to act on it.
If the Beneficiary is also the Beneficiary of other accounts in the Plan or in any "other qualified tuition programs" (as defined in Section 529 of the Internal Revenue Code), to the best of my knowledge the total contributions made to the accounts established under the Program for the Beneficiary and the other qualified tuition program accounts do not exceed \$305,000 or the cost in current dollars of qualified higher education expenses the Beneficiary is reasonably anticipated to incur, whichever is less.
I agree that I am responsible for retaining documentation concerning my accounts. I understand that the federal and state tax treatment of amounts withdrawn may be dependent upon the availability of such documentation.
When I call you regarding my shares and account(s) the telephone conversation may be recorded.
I understand that none of the State of New Jersey, the New Jersey Higher Education Student Assistance Authority, Franklin Templeton or any entity affiliated therewith, or any agent or representative retained in connection with the Plan, makes any guarantee of, or has any legal or moral obligation to insure, the ultimate payout of all or any portion of any amount contributed to any Account or that there will be an investment return at any particular level on any 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.

X Signature of Contributor Date

EMPLOYEES OF THE STATE OF NEW JERSEY Please return this payroll deduction form (and a new Account Application, if applicable) to Franklin Templeton using one of the options below.
For more complete information about NJBEST, including charges, expenses and risks of investing in the Plan, please read the *Investor Handbook*.

ALL OTHER EMPLOYEES Please return this payroll deduction form (and a new Account Application, if applicable) to your Human Resources Department.

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

Table with 3 columns: EMAIL, FAX, MAIL. Contains instructions for each delivery method and mailing addresses for NJBEST.

