

# ACCOUNT REVISION FORM

Use this form to add, change or discontinue account options on an existing NJBEST 529 College Savings Plan account.

- To add or update your email address, refer to Section 1.
- To change the Account Owner, refer to Section 2.
- To add or update bank information, refer to Section 3.
- To designate or change the Successor Account Owner, refer to Section 4.
- To change the beneficiary, refer to Section 5.
- To request a new investment allocation, refer to Section 6.
- To establish an automatic investment plan, refer to Section 8.
- A signature guarantee or notary may be required, refer to Section 9.

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

This request is related to Franklin Templeton case number(s): \_\_\_\_\_

## 1 CURRENT ACCOUNT INFORMATION

Account number(s)  
\_\_\_\_\_

Account Owner first name M.I. Last name Suffix Name of Custodianship/Trust/Other  
 \_\_\_\_\_ OR \_\_\_\_\_

Account Owner Date of birth (mm/dd/yyyy) Account Owner SSN/TIN Account Owner email address<sup>1</sup>  
 \_\_\_\_\_

Beneficiary first name M.I. Last name Suffix Beneficiary Date of birth (mm/dd/yyyy) Beneficiary SSN/TIN  
 \_\_\_\_\_

**To update your existing contact information, complete the fields below:**  
 Mailing address (include any APT, BLDG, STE number) City State ZIP  
 \_\_\_\_\_

**If you are updating the address, check one of the following:**  
 New address for the account owner and beneficiary  New address for the account owner only  New address for the beneficiary only  
 New primary phone number (if applicable) New alternate phone number (if applicable)  
 ( ) ( )

## 2 CHANGE OF ACCOUNT OWNER

Complete this section to change ownership of the NJBEST 529 College Savings Plan account referenced in Section 1 to a new Account Owner.

• **IMPORTANT INFORMATION ABOUT PROCEDURES FOR CHANGING THE ACCOUNT OWNER.** Federal law requires all financial institutions to obtain, verify and record information that identifies each person who gains ownership of an account. What this means for you: if you become the Account Owner, we will ask for your name, address, date of birth and other information that will allow us to identify you. If you fail to provide all requested information, it may delay or prevent us from changing the Account Owner, and if we are unable to verify the information you provide, we will revert to the prior Account Owner.

• If the current account registration is in an UGMA/UTMA or other Custodianship/Trust and the Custodian/Trustee has changed, provide the name, Social Security number and the date of birth of the new Custodian/Trustee below.

New Account Owner first name M.I. Last name Suffix Name of Custodianship/Trust/Other  
 \_\_\_\_\_ OR \_\_\_\_\_

Street address of residence (no P.O. Box address) City State ZIP  
 \_\_\_\_\_

Mailing address (if different from street address) City State ZIP  
 \_\_\_\_\_

**CHECK HERE IF THE ADDRESS FOR THE BENEFICIARY SHOULD BE CHANGED TO THE NEW ACCOUNT OWNER'S ADDRESS.** If the box is not selected, the beneficiary's address will remain the same as currently on file.

New Account Owner SSN/TIN New Account Owner Date of birth (mm/dd/yyyy) Primary phone number Alternate phone number  
 \_\_\_\_\_

New Account Owner email address<sup>1</sup> Occupation  
 \_\_\_\_\_

Employer Employer address  
 \_\_\_\_\_

OR  Check here if retired, self employed, or unemployed.

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.



**5 CHANGE OF BENEFICIARY**

Complete this section to change the beneficiary of your NJBEST 529 College Savings Plan account. The units specified below will be transferred to the designated Portfolio-Account for the new beneficiary.

**NOTE: If a dollar amount or percentage is not specified below, 100% of the amounts invested in each applicable Portfolio-Account will be transferred to the designated Portfolio-Account for the new beneficiary.**

**TRANSFER TO THE NEW BENEFICIARY.** Please specify the amount to be transferred.

- If the new beneficiary has an existing Plan Account, provide the Portfolio-Account number in the **To Portfolio-Account Number** field below.
- If a Portfolio-Account number is not specified in the **To Portfolio-Account Number** field below, the units will be transferred to an identical Plan portfolio in the new beneficiary's Plan Account. Any age based investment will be transferred to the appropriate age-based portfolio for the age of the new beneficiary.
- If you wish to change the portfolio investment(s) for the new beneficiary, complete Section 6.

FROM PORTFOLIO-ACCOUNT NUMBER	TO PORTFOLIO-ACCOUNT NUMBER	DOLLAR AMOUNT OR PERCENTAGE TO BE TRANSFERRED TO THE NEW BENEFICIARY	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/> %

**NOTE:** For UGMA/UTMA, a change of beneficiary is not permitted. For Custodianships or Trusts, the court or trust document must allow a change of beneficiary.

New Beneficiary first name  M.I.  Last name  Suffix

Street address of residence (if different from Account Owner address - no P.O. Box address)  City  State  ZIP

New Beneficiary SSN/TIN  New Beneficiary Date of birth (mm/dd/yyyy)  Relationship to former beneficiary<sup>2</sup>

New Beneficiary's existing account number (if applicable)

**6 INVESTMENT CHANGES**

**COMPLETE THIS SECTION TO REQUEST A NEW INVESTMENT ALLOCATION. Total allocation must equal 100%.**

- You may reallocate the assets in your Plan Account to one or more other investment options(s) twice every calendar year **OR** whenever you change the Plan Account's Beneficiary. All contributions will be invested in the same share class as selected when the Plan Account was established.
- The Franklin U.S. Government Money 529 Portfolio is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency and it is possible to lose money by investing in the portfolio.

	Percentage
<b>Age-Based Asset Allocations</b>	
Franklin Conservative Allocation 529 Portfolio (age-based)	<input type="text"/> %
Franklin Moderate Allocation 529 Portfolio (age-based)	<input type="text"/> %
Franklin Growth Allocation 529 Portfolio (age-based)	<input type="text"/> %
<b>Objective-Based Asset Allocations</b>	
Franklin Corefolio <sup>®</sup> 529 Portfolio	<input type="text"/> %
Franklin Growth Allocation 529 Portfolio	<input type="text"/> %
Franklin Growth & Income Allocation 529 Portfolio	<input type="text"/> %
Franklin Income Allocation 529 Portfolio	<input type="text"/> %

	Percentage
<b>Individual Portfolios</b>	
S&P 500 Index 529 Portfolio	<input type="text"/> %
Franklin U.S. Government Money 529 Portfolio	<input type="text"/> %
NJBEST Trust (A-E) Portfolio <sup>3</sup>	<input type="text"/> %
NJ Better Educational Savings Trust Portfolio <sup>3</sup>	<input type="text"/> %
<b>TOTAL (must equal 100%)</b>	<b>100%</b>

**7 ONLINE AND TELEPHONE PRIVILEGES**

You automatically have the convenience of Telephone Exchange and Redemption Privileges unless you check below. If bank information is provided in Section 3, you have the convenience of Telephone and Online Purchase and Redemptions via electronic funds transfer, unless you check below. Review your *Investor Handbook* for a discussion of these privileges.

- I do NOT want Telephone or Online Exchange Privileges.
- I do NOT want Telephone or Online Redemption Privileges (if you decline this privilege, Telephone and Online Purchase Privileges will not be available).
- I do NOT want Telephone or Online Purchase Privileges (if you decline this privilege and accept the Telephone and Online Redemption Privileges, redemptions will be available only by check).

2. New Beneficiary must be a "member of the Family" as defined in the *Investor Handbook*.

3. Existing investors may make additional investments; however, these portfolios are closed to new investors. Visit NJBEST.com for more information about Treasury-Managed portfolios.

**COMPLETE THIS SECTION TO ESTABLISH AN AUTOMATIC INVESTMENT PLAN DIRECTLY FROM YOUR 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 minimum investment per portfolio.
- If Frequency and Investment Date are not selected, transfers will be made monthly on the 20<sup>th</sup>.
- If the Investment Date falls on a non-business day, the transaction will be made on the following business day.
- If you select bi-monthly 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, transfers will be made on the 1<sup>st</sup> and 15<sup>th</sup>.

Specify your start month, frequency and investment date(s) 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"/> 1 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> bi-monthly <input type="checkbox"/> annually <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> bi-monthly <input type="checkbox"/> annually <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> bi-monthly <input type="checkbox"/> annually <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> bi-monthly <input type="checkbox"/> annually <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> bi-monthly <input type="checkbox"/> annually <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> bi-monthly <input type="checkbox"/> annually <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	

9 AUTHORIZATION AND SIGNATURE

Certain capitalized terms used in this form herein are defined as provided in the current *Investor Handbook*, which contains a description of the NJBEST 529 College Savings Plan, including information about actions achieved through use of this form.

**BY SIGNING IN SECTION 9, 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 Templeton Distributors, Inc., 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 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*.
- 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 College Savings Plan 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.
- I agree that Franklin Templeton may make additional attempts to debit/credit the Bank Account if the initial attempt fails, and if a transfer is denied by the bank for any reason, Franklin Templeton will discontinue this authorization.
- By completing Section 2 of this form, I transfer ownership of the NJBEST 529 Plan account to the new Account Owner identified in Section 2.
- By completing Section 3 of this form, I authorize Distributors to initiate electronic debits to the Bank Account identified in Section 3 and on the enclosed voided check or savings account deposit slip, when instructed to do so by me, whether online, electronically, by telephone or otherwise (and to make, if necessary, adjusting transfers if any amounts are transferred in error).
- 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.

All current and new account owner(s) must sign the form. Please see below for additional signature requirements.

Scenario	Signature Requirement
Voluntary transfer of account ownership	Current Account Owner signature must be notarized
Death or incapacity of the current Account Owner and no Successor is listed on the account	New Account Owner signature must be signature guaranteed
Death of the Account Owner with a combined account value over \$100,000 and a successor owner is named	New Account Owner signature must be signature guaranteed
Death of a custodian on a 529 UGMA/UTMA account	New custodian signature must be notarized
<b>If you are providing bank information in Section 3, is there at least one common owner of the NJBEST 529 College Savings Plan account and bank account owner(s)?</b>	
No common owner	Notarized signature of NJBEST 529 College Savings Plan Account Owner and 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 signature of NJBEST 529 College Savings Plan Account Owner and bank account owner(s) (Notary would <b>not</b> be required if proof <sup>4</sup> of name change is included)

**Note: A signature guarantee is sufficient for all requests.** If you obtain a signature guarantee, a notary stamp/seal is not required.

**CURRENT NJBEST 529 COLLEGE SAVINGS PLAN ACCOUNT OWNER SIGNATURE**  
(Always required)

X \_\_\_\_\_ Date \_\_\_\_\_

IF REQUIRED, PLACE NOTARY STAMP/SEAL or SIGNATURE GUARANTEE STAMP<sup>5</sup> HERE.

**NEW NJBEST 529 COLLEGE SAVINGS PLAN ACCOUNT OWNER SIGNATURE**  
(Required only if a new Account Owner is named in Section 2)

X \_\_\_\_\_ Date \_\_\_\_\_

IF REQUIRED, PLACE NOTARY STAMP/SEAL or SIGNATURE GUARANTEE STAMP<sup>5</sup> HERE.

**BANK ACCOUNT OWNER SIGNATURE**

X \_\_\_\_\_

IF REQUIRED, PLACE NOTARY STAMP/SEAL HERE.

**BANK ACCOUNT OWNER SIGNATURE**

X \_\_\_\_\_

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)

4. 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.  
5. A signature guarantee can be obtained from a bank, savings and loan association, trust company, credit union, broker-dealer, or any other "eligible guarantor institution" as defined in the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP). **A notary public cannot provide a signature guarantee.**

**BEFORE YOU SUBMIT...**

**TO CHANGE ACCOUNT OPTIONS - 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 one).

**SECTION 2**

- Full first and last name
- Street address
- Social Security number/TIN
- Date of birth
- Email address

**SECTION 3**

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

**SECTION 8**

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

**SECTION 9**

- The signature of the NJBEST 529 College Savings Plan Account Owner and date signed
- The signature of the Bank Account Owner(s) and date signed (if applicable)
- Signature guarantee or 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"><li>• Emails <b>MUST</b> include an attachment (PDF preferred) of your request and related case number(s) to be accepted.</li><li>• 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.</li></ul> <p><b>Shareholders:</b> shrequests@franklintempleton.com</p>	(855) 891-8377	<p><b>Regular Mail</b></p> <ul style="list-style-type: none"><li>• NJBEST 529 College Savings Plan P.O. Box 33090 St. Petersburg, FL 33733-8090</li><li>• NJBEST 529 College Savings Plan P.O. Box 997153 Sacramento, CA 95899-7153</li></ul> <p><b>Overnight</b></p> <ul style="list-style-type: none"><li>• NJBEST 529 College Savings Plan 100 Fountain Parkway N. St. Petersburg, FL 33716-1205</li><li>• NJBEST 529 College Savings Plan 3344 Quality Drive Rancho Cordova, CA 95670-7313</li></ul>

