

NJBEST 529 College Savings Plan¹

Withdrawal Form

Use this form to request a withdrawal from a 529 Plan Account. Please note that only the Plan Account Owner may request a withdrawal.

If you have previously received a withdrawal and would like to request another withdrawal to an address already on file, you can call (877) 4NJ-BEST to request a withdrawal by phone.

Please print clearly in CAPITAL LETTERS using blue or black ink.

1 ACCOUNT INFORMATION If any information below varies from the information that is on file, please refer to **Section 5** for Signature Guarantee instructions.

Account Owner first name	M.I.	Last name	Suffix	Account Owner SSN/TIN	Account Owner date of birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary phone number ()	Alternate phone number ()				
<input type="text"/>	<input type="text"/>				
Beneficiary first name	M.I.	Last name	Beneficiary SSN/TIN		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Account number					
<input type="text"/>					

2 WITHDRAWAL INFORMATION

In connection with a withdrawal from your Plan Account, you may be asked to provide supporting documentation to or for the IRS.

Investment Option	Withdrawal \$ Amount or %	Investment Option	Withdrawal \$ Amount or %
Age-Based Asset Allocations		Individual Portfolios	
Withdrawal to be made from:		Withdrawal to be made from:	
Franklin Conservative Allocation 529 Portfolio (age-based)	<input type="text"/>	S&P 500 Index 529 Portfolio	<input type="text"/>
Franklin Moderate Allocation 529 Portfolio (age-based)	<input type="text"/>	Franklin U.S. Government Money 529 Portfolio	<input type="text"/>
Franklin Growth Allocation 529 Portfolio (age-based)	<input type="text"/>	NJBEST Trust (A-E) Portfolio	<input type="text"/>
Objective-Based Asset Allocations		NJ Better Educational Savings Trust Portfolio	
Withdrawal to be made from:		<input type="text"/>	
Franklin Corefolio® 529 Portfolio	<input type="text"/>	TOTAL WITHDRAWAL AMOUNT	
Franklin Growth Allocation 529 Portfolio	<input type="text"/>	<input type="text"/>	
Franklin Growth & Income Allocation 529 Portfolio	<input type="text"/>		
Franklin Income Allocation 529 Portfolio	<input type="text"/>		

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 WITHDRAWAL INFORMATION (cont'd.)

Franklin Templeton Distributors, Inc. or its designee is required to file a Form 1099-Q with the IRS for all distributions. This form requires us to report your Gross Distribution, the amount of earnings included in the Gross Distribution, whether the distribution is a trustee-to-trustee transfer information about the withdrawal recipient (including name, address and Social Security number), and whether the recipient is the Beneficiary of the Plan Account.² Unless otherwise required under applicable law and regulations: (1) if a check or other distribution is made payable to a Beneficiary or an eligible educational institution on behalf of the Beneficiary, we will report the distribution under the Beneficiary's Social Security number, and (2) if a check or other distribution is made to the Plan Account Owner or any other party that is not the Beneficiary, we will report the distribution under the Plan Account Owner's Social Security number.

As discussed in more detail in the *Investor Handbook*, the Plan Account Owner must maintain records and documentation substantiating the nature of any withdrawal that he or she intends to treat, for tax purposes, as a Qualified Distribution, a withdrawal on account of the death or permanent disability of the Beneficiary or the receipt of a scholarship or tuition waiver by the Beneficiary, or a Rollover Distribution. The information requested below is intended only to assist you in meeting this record-keeping obligation.

3 TYPE OF DISTRIBUTION

Please check the type of distribution below.

- Distribution payable to the Account Owner or Beneficiary (complete Section 3A)
- Distribution payable to an eligible higher education institution (complete Section 3B)
- Rollover distribution (complete Section 3C)
- Distribution due to scholarship (complete Section 3A)
- Distribution due to disability (complete Section 3A)
- Distribution due to death of Beneficiary (complete Section 3A)

3A DISTRIBUTION PAYABLE TO THE OWNER OR BENEFICIARY

- Please make a check payable to the Account Owner and mail to the address on file.
- Please make a check payable to the Beneficiary and mail to the address on file.
- Please send proceeds directly to the Account Owner's and/or the Beneficiary's bank via the Automated Clearing House (ACH) System.³ (ACH transfers are normally received within 2–4 business days. **If bank information is not already on file, we require a pre-printed, voided check or savings account deposit slip in Section 4.**)
- Please send proceeds directly to the Account Owner's and/or the Beneficiary's bank account via a Federal Wire.³ (\$1,000 minimum applies. Federal Wire transfers are normally received the next business day. **If bank information is not already on file, we require a pre-printed, voided check or deposit slip in Section 4. A Signature Guarantee is required to wire to bank account not already on file.**)
- Please mail a check to an alternate address. (If not already on file, a signature guarantee is required.)

Name

Address

City State ZIP

3B DISTRIBUTION TO AN ELIGIBLE HIGHER EDUCATION INSTITUTION

Please mail a check to the education institution's address.

Name of Institution

c/o

Name/Student ID#/Ref#/Attn:

Address

City State ZIP

- Check here if the check should be made payable to the institution but should be mailed to your address of record.

(TYPE OF DISTRIBUTION CONTINUED ON NEXT PAGE)

2. We expressly reserve the right to report any additional information that the IRS may require in future versions of this form.

3. We suggest that you confirm your bank's ability to accept these transactions and inquire about any bank fees.

3 TYPE OF DISTRIBUTION (cont'd.)

3C ROLLOVER DISTRIBUTION (NOT SUBJECT TO TAX PENALTY AS LONG AS ANOTHER ROLLOVER HAS NOT TAKEN PLACE FOR THE BENEFICIARY WITHIN 12 MONTHS)⁴

I will be transferring the payment to another Qualified Tuition Program Account in accordance with applicable requirements for rollover distributions. I acknowledge that I have read the *Investor Handbook* and am familiar with and responsible for compliance with the various requirements applicable to rollover distributions described therein. A Signature Guarantee will be required.

Name of Qualified Tuition Program	Name of Beneficiary		
Address	City	State	ZIP

4 PAYMENT INSTRUCTIONS

BANK ACCOUNT INFORMATION

Please provide your bank account information if you have requested payments to be transferred directly to your bank account.

<input type="checkbox"/> Checking Account	Bank name
<input type="checkbox"/> Savings Account	
9-digit bank ABA routing number	Bank account number

- If the NJBEST portfolio account(s) and the bank account identified above DO NOT include at least one common owner, all bank account owners must sign here and have their signatures guaranteed; and the Account Owner signing in Section 5 must also have his or her signature guaranteed.
- Requests to send proceeds electronically within 15 days of establishing or changing banking instructions must be signature guaranteed, otherwise proceeds will be sent to the address of record.

Please have each signature separately guaranteed by a bank, savings and loan association, trust company, credit union, broker-dealer, or any other "eligible guarantor institution" as defined under 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.

SIGNATURE OF BANK ACCOUNT OWNER	Date	SIGNATURE OF BANK ACCOUNT OWNER	Date
X _____	_____	X _____	_____

SIGNATURE GUARANTEE STAMP

SIGNATURE GUARANTEE STAMP

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.

XXX XXXX
 XXX XXXXXXX XXXXX
 XXXXXXXXXXXX, XX XXXXXX

XXXXX

DATE _____

PAY TO THE ORDER OF: _____

_____ DOLLARS

FOR _____

XXXX XXX XXXX XXXX XXXXX XXXXXX XXXXX

ATTACH PREPRINTED, VOIDED CHECK OR DEPOSIT SLIP

4. "Rollover Distributions" are not subject to federal income taxation. A "Rollover Distribution" includes any of the following: (1) within 60 days of a withdrawal you transfer the funds withdrawn from your Plan Account to another Plan Account in the Program for a new Beneficiary who is a "member of the family" of the prior Beneficiary, (2) within 60 days of your withdrawal of funds from a Plan Account in the Program you transfer such funds to an account established in another qualified tuition program established under Section 529 and, if required under Section 529 at the time of such transfer, designate a new Beneficiary of such Plan Account who is a "member of the family" of the prior Beneficiary. See the Investor Handbook for the definition of "member of the family" and for more details on Rollover Distributions.

5 SIGNATURE

I hereby request payment from the NJBEST 529 College Savings Plan designated on this form in the manner indicated. I expressly assume full responsibility for all tax implications of this distribution and I certify under penalty of perjury that all information contained herein, including my Social Security number, is true and correct.

Date

X _____

Signature of Plan Account Owner, or of UTMA/UGMA custodian for UTMA/UGMA Account, or of authorized signer of Plan Account Owner that is a corporation or other entity

SIGNATURE GUARANTEE STAMP (if required)

For your protection, a signature guarantee is required if:

- you have requested a service that involves activity between your Plan Account and your bank account, and the two accounts are registered in different names, or
- you are requesting wire transfers after your Plan Account has been established, or
- you are directing payments to a third party other than the beneficiary’s educational institution, or
- the distribution is for more than \$100,000, or
- your distribution will be sent electronically within 15 days of establishing or changing banking instructions in Section 4.

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” defined under 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.**

Please mail to	REGULAR MAIL	OVERNIGHT MAIL
	NJBEST 529 College Savings Plan P.O. Box 33090 St. Petersburg, FL 33733-8090	NJBEST 529 College Savings Plan 100 Fountain Parkway St. Petersburg, FL 33716-1205

