

# NJBEST 529 College Savings Plan<sup>1</sup>

## Account Revision Form

Use this form to change the Account Owner, Successor Account Owner, Beneficiary, Investment Options or establish an Automatic Investment Plan for an existing NJBEST 529 College Savings Plan Account.

**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 registration, and if we are unable to verify the information you provide, we will revert to the prior account registration.

### 1 CURRENT ACCOUNT INFORMATION

CHECK HERE IF THIS IS A NEW ADDRESS.

Account number \_\_\_\_\_

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

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary phone number \_\_\_\_\_ Alternate phone number \_\_\_\_\_ Account Owner SSN/TIN<sup>2</sup> \_\_\_\_\_  
 ( ) ( )

Beneficiary first name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_ Beneficiary SSN/TIN<sup>2</sup> \_\_\_\_\_  
 \_\_\_\_\_

### 2 CHANGE OF ACCOUNT OWNER

**NOTE:** If the Account Owner is an UGMA/UTMA or other Custodianship/Trust and the Custodian/Trustee has changed, please provide the name, Social Security number and 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 \_\_\_\_\_

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

Occupation \_\_\_\_\_  
 OR  Check here if retired, self employed, or unemployed.

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

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. You must provide your U.S. Taxpayer Identification Number (TIN); a TIN includes the SSN, ITIN, ATIN and EIN. If you have never been issued a U.S. TIN and are **not** a U.S. citizen, in place of a U.S. TIN please send us a copy of one of the following items: a resident-alien ID card, a current passport, a current foreign government-issued ID card, or other document evidencing nationality or residence that bears a photograph. If any document offered by non-U.S. persons is unfamiliar and cannot be authenticated by reasonable means, the requested changes will not be made.

**3 DESIGNATION OR CHANGE OF SUCCESSOR ACCOUNT OWNER**

**NOTE:** Successor account owner must be 18 years of age or older. For UGMA/UTMA, a successor account owner is not permitted. For Custodianships or Trusts, the court or trust document must allow a successor account owner to be named.

New Successor Account Owner first name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_  
 \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_  
 \_\_\_\_\_

**4 CHANGE OF BENEFICIARY**

**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 \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 \_\_\_\_\_  
 New Beneficiary SSN/TIN \_\_\_\_\_ New Beneficiary date of birth (mm/dd/yyyy) \_\_\_\_\_ Relationship to former beneficiary<sup>3</sup> \_\_\_\_\_  
 \_\_\_\_\_  
 New Beneficiary's existing account number (if applicable) \_\_\_\_\_  
 \_\_\_\_\_

- COMPLETE TRANSFER TO THE NEW BENEFICIARY.** Beneficiary will be changed on the entire value of the Plan Account indicated in Section 1. Skip to Section 5.
- OR**
- PARTIAL TRANSFER TO THE NEW BENEFICIARY.** Beneficiary will be changed on a portion of the Plan Account balance, as indicated below. If new Beneficiary does have a Plan Account, please provide the Plan Account number in the box below.

**For Partial Transfers Only: Please specify the amount to be transferred.**

INVESTMENT OPTION	ACCOUNT NUMBER	DOLLAR AMOUNT OR PERCENTAGE TO BE TRANSFERRED TO THE NEW BENEFICIARY	
_____	_____	\$ _____	OR _____ %
_____	_____	\$ _____	OR _____ %
_____	_____	\$ _____	OR _____ %
_____	_____	\$ _____	OR _____ %
_____	_____	\$ _____	OR _____ %

**5 INVESTMENT CHANGES<sup>4</sup>**

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

	Percentage		Percentage
<b>Age-Based Asset Allocations</b>		<b>Individual Portfolios</b>	
Franklin Conservative Allocation 529 Portfolio (age-based)	_____ %	S&P 500 Index 529 Portfolio	_____ %
Franklin Moderate Allocation 529 Portfolio (age-based)	_____ %	Franklin U.S. Government Money 529 Portfolio <sup>5</sup>	_____ %
Franklin Growth Allocation 529 Portfolio (age-based)	_____ %	NJBEST Trust (A-E) Portfolio	_____ %
<b>Objective-Based Asset Allocations</b>		NJ Better Educational Savings Trust Portfolio	_____ %
Franklin Corefolio® 529 Portfolio	_____ %	<b>TOTAL (must equal 100%)</b>	<b>100%</b>
Franklin Growth Allocation 529 Portfolio	_____ %		
Franklin Growth & Income Allocation 529 Portfolio	_____ %		
Franklin Income Allocation 529 Portfolio	_____ %		

3. New Beneficiary must be a "member of the Family" as defined in the *Investor Handbook*.  
 4. You may reallocate the assets in your Plan Account to one or more other investment option(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.  
 5. 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.

**6 TRANSACTION PRIVILEGES, AUTOMATIC INVESTMENT PLAN AND BANK INFORMATION**

**6A TELEPHONE AND ONLINE TRANSACTION PRIVILEGES**

You and your financial advisor automatically have the convenience of Telephone Exchange and Redemption Privileges unless you check below. If bank information is provided in Section 6C, you and your financial advisor 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).

**6B AUTOMATIC INVESTMENT PLAN**

Automatic investment transfers will be processed directly from your bank account (complete Section 6C) according to the options selected below. Please provide instructions at least 15 days prior to the requested start date. Instructions for monthly automatic investment transfers not received 15 days prior will begin on the requested day in the following month. If frequency and investment date are not selected, we will default to monthly on the 20th.

INVESTMENT OPTION NAME	AMOUNT (\$50 min. each)	START MONTH	FREQUENCY (select one)	INVESTMENT DATE <sup>6</sup> (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

**6C BANK INFORMATION**

If you have requested any options for transfers directly to or from your account, please provide your bank account information.

**NOTE:** These bank instructions will be established for purchases, automatic investment plan transfers and redemptions.

Checking account    Bank name     Bank routing number (9 digits)     Bank account number

Savings account   

If the Franklin Templeton 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 **individually** guaranteed; all the account owners signing in Section 7 must also have their signatures **individually** guaranteed.

**BANK ACCOUNT OWNER SIGNATURE**    Date

**X** \_\_\_\_\_

**BANK ACCOUNT OWNER SIGNATURE**    Date

**X** \_\_\_\_\_

**SIGNATURE GUARANTEE STAMP** (if required, see above)

**SIGNATURE GUARANTEE STAMP** (if required, see above)

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.

XXXXX

XXX XXXX  
XXX XXXXXX XXXXX  
XXXXXXXXXXXX, XX XXXXXX

DATE \_\_\_\_\_

PAY TO THE ORDER OF: \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FDR \_\_\_\_\_  
XXXX XXX XXXX XXXX XXXXX XXXXXX XXXXX

ATTACH PREPRINTED, VOIDED  
CHECK OR DEPOSIT SLIP

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

**7 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.

I attest that I have read the *Investor Handbook* and understand my responsibilities as Account Owner. 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 any service authorized on this form. All services are subject to conditions set forth in the *Investor Handbook*. 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 6 of 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 access to that account. I authorize Distributors to correct any transaction error with a debit or credit to my financial institution account and/or 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 such notification.

**CURRENT ACCOUNT OWNER SIGNATURE REQUIRED**

X \_\_\_\_\_  
Signature of current Account Owner

**\* A SIGNATURE GUARANTEE IS REQUIRED IF:**

- a new Account Owner is named in Section 2, or
- the Account Owner is not a registered owner of a bank account provided in Section 6.

SIGNATURE GUARANTEE STAMP\*

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.

**NEW ACCOUNT OWNER SIGNATURE REQUIRED IF:**

- a new Account Owner is named in Section 2.

X \_\_\_\_\_  
Signature of new Account Owner

**\*\* A SIGNATURE GUARANTEE IS REQUIRED IF:**

- the new Account Owner is not a registered owner of a bank account provided in Section 6.

SIGNATURE GUARANTEE STAMP\*\*

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.

**Return to:**

<b>Regular</b>	NJBEST 529 College Savings Plan P.O. Box 33090 St. Petersburg, FL 33733-8090
<b>Overnight</b>	NJBEST 529 College Savings Plan 100 Fountain Parkway St. Petersburg, FL 33716-1205

