

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

## Automatic Payroll Deduction Form

The Contributor or Beneficiary must be a New Jersey resident.

Complete this form to establish payroll deduction contributions from your paycheck into a new or existing NJBEST 529 College Savings Plan.

**NON-U.S. CITIZENS:** Please provide your U.S. Taxpayer Identification Number (TIN), which may be one of the following: a Social Security Number, an IRS Individual Taxpayer Identification Number or an Employer Identification Number. If you do not have a TIN, you must provide (1) a resident alien number; (2) a current passport number and country of issuance; (3) a current foreign government-issued identification card number and country of issuance; or (4) a document evidencing nationality or residence that bears your photograph. If a document offered by a non-U.S. person is unfamiliar and cannot be authenticated by reasonable means, the account will not be opened.

### 1 CURRENT ACCOUNT AND PAYROLL DEDUCTION INFORMATION

If you do not currently have an NJBEST account, you must complete and enclose a new Account Application with this payroll deduction form.

**CHECK APPROPRIATE BOX:**

Establish payroll deduction for the first time     Change payroll deduction amount and/or allocation to NJBEST accounts<sup>2</sup>     Stop payroll deduction

**EMPLOYEE/CONTRIBUTOR**

First name  M.I.  Last name  SSN

Daytime phone  ( ) Other phone  ( )

Automatic payroll deductions require a \$25 minimum investment per month per investment option. (For example, if you are paid twice per month, your minimum investment requirement per investment option, per paycheck is \$12.50.)

BENEFICIARY NAME	BENEFICIARY SOCIAL SECURITY NUMBER	NJBEST ACCOUNT NUMBER (OR NEW)	DEDUCTION PER PAYCHECK	INVESTMENT OPTION NAME <sup>3</sup>	% OF TOTAL DEDUCTION
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Total deduction per paycheck			\$ <input type="text"/>		

Non-New Jersey State Government employees proceed to Section 3.

### 2 NJ STATE GOVERNMENT EMPLOYER INFORMATION (Employees of NJ State Government—please complete this section)

Name of NJ state government entity

Employer street address  City  State  ZIP

Proceed to Section 4.

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 may reallocate the assets in your Plan Account to one or more other investment option(s) only once every calendar year or whenever you change the Plan Account's Beneficiary.  
 3. For a current and complete list of portfolios, visit NJBEST.com.

**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 (      )		

**ACH INSTRUCTIONS NEEDED 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).]

**4 SIGNATURE**

Certain capitalized terms herein are used as defined for purposes of the current *Investor Handbook*, which contains a description of NJBEST.

**Participants must READ the NJBEST 529 College Savings Plan (“Plan”) *Investor Handbook* (“Handbook”) and the Participation Agreement that is Appendix A of the Handbook (“Participation Agreement”) and SIGN this section in ink below.**

**AGREEMENT:**

By signing this payroll deduction form, I understand and I hereby certify, under penalties of perjury, that:

- 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 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.
- All information entered on this form, including the Social Security or Taxpayer Identification Numbers given, is true, correct and complete.
- I hereby authorize the Employer listed in Section 2 or 3 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 any “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 Plan 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.
- I consent to the recording of our telephone conversations when I call you regarding my shares and Account(s).
- I understand that none of the NJBEST, the Trust, the State of New Jersey, the New Jersey Higher Education Student Assistance Authority, Franklin Templeton Investments 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 hereby certify under the penalties of perjury that the information contained herein 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.

X	Date
Signature of Contributor	

**EMPLOYEES OF THE STATE OF NEW JERSEY**  
Please mail this payroll deduction form (and a new Account Application, if applicable) directly to:  
NJBEST 529 College Savings Plan  
P.O. Box 33090  
St. Petersburg, FL 33733-8090

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

For more complete information about NJBEST, including charges, expenses and risks of investing in the plan, please read the *Investor Handbook*. NJBEST is offered and administered by the New Jersey Higher Education Student Assistance Authority (HESAA); managed and distributed by Franklin Templeton Distributors, Inc.

