



State of Tennessee
 Treasury Department
 College Savings 529 Program

P.O. Box 198801
 Nashville, TN 37219
 615-741-1502 (local)
 1-855-386-7827 (toll-free)
 615-401-6816 (fax)
 Email: TN.STARS@tn.gov
 Website: www.tnstars.com



Enrollment Application

Instructions

Print clearly in all CAPITAL LETTERS using blue or black ink. When requested, please color in circles completely. Please mail or fax this completed form and any required documents to the address above.

Please read the Disclosure Brochure prior to investing. You can obtain a copy of the Disclosure Brochure at www.tnstars.com or by contacting the Program. **As used in this Enrollment Application, capitalized terms shall have the same meaning as stated within the Disclosure Brochure.**

If you have any questions, please call us at 615-741-1502 or toll-free at 1-855 3TN-STAR (1-855-386-7827), Monday through Friday from 8:00 a.m. to 4:30 p.m. Central Time.

1. Account Type

By completing and submitting this Enrollment Application and the minimum initial Contribution, you will be purchasing and establishing an individual 529 account. Upon receipt and acceptance by the Program, you, the Participant, will be the Account Owner and the person who controls the Account (i.e., designates the Beneficiary, makes Withdrawals, receives statements, etc.).

If you wish to open an institutional or UGMA/UTMA custodial Account, please contact TNStars at 1-855-386-7827 for instructions.

 Participant's Name *(first, middle initial, last)*

 Social Security Number

 Date of Birth *(mm/dd/yyyy)*

Male Female

U.S. Citizen/Resident Alien *(Non-resident aliens are not eligible to participate in the Plan.)*

 Street Address *(no P.O. Boxes)* City State Zip Code

 Daytime Phone Number

 Alternate Phone Number

 Email Address *(See Section 8.)*

2. Beneficiary Information

The Beneficiary is the individual whose Qualified Higher Education Expenses will be paid from this account.

Beneficiary's Name *(first, middle initial, last)*

Social Security Number

Date of Birth *(mm/dd/yyyy)*

Relationship to Participant

- Male Female
- U.S. Citizen/Resident Alien
- Check here if the address is the same as the Account Owner.

Street Address *(no P.O. Boxes)*

City

State

Zip Code

3. Participant Appointee

You may name a Participant Appointee for this account. Naming a Participant Appointee is optional, but recommended. *Refer to the Disclosure Brochure for more information.*

Subject to applicable law, the Participant Appointee will assume ownership of any and all rights with respect to this Account in the event of your death or you being declared legally incompetent. You agree to notify the Participant Appointee of his/her status and obligations as stated under the Disclosure Brochure. Designating a Participant Appointee may have tax and legal consequences that can vary by state. Consult your tax and legal professionals for more information.

If you wish to name an institution (i.e., trust or company) as the Participant Appointee for the account, please contact TNStars at 1-855-386-7827 for instructions.

Participant Appointee's Name *(first, middle initial, last)*

Street Address *(no P.O. Boxes)*

City

State

Zip Code

Social Security Number

Date of Birth *(mm/dd/yyyy)*

- Male Female
- U.S. Citizen/Resident Alien *(Non-resident aliens are not eligible to participate in the Plan.)*

4. Investment Option Selection

Investment Options are described in detail in the Disclosure Brochure. Please read the Disclosure Brochure in full before selecting any Investment Option(s).

Indicate, as a percentage, how you would like your Contribution to be allocated into the Age-Based Option and/or the Self-Selected Investment Options.

Investment Options	Allocation
Age-Based Option	
The Age Bands offered by the Program are: 0-4 Age Band; 5-10 Age Band; 10-14 Age Band; 15-17 Age Band; and 18+ Age Band. If you choose to allocate a portion or all of your Contribution to the Age-Based Strategy, the Contribution will be invested based on the Beneficiary's current age.	%
Self-Selected Portfolios	
TN DFA Large-Cap Value Fund	%
TN Vanguard 500 Index Admiral Shares	%
TN DFA Small-Cap Value Fund	%
TN PRIMECAP Odyssey Aggressive Growth Fund	%
TN Vanguard Mid-Cap Growth Investor Shares	%
TN DFA Large-Cap International Portfolio Institutional Class	%
TN DFA Inflation-Protected Securities Portfolio Institutional Class	%
TN Vanguard Total Bond Market Admiral Shares	%
TN Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	%
TN Vanguard Intermediate-Term Treasury Admiral Shares	%
TN Vanguard Wellington Admiral Shares	%
TN Vanguard Life Strategy Conservative Growth Fund	%
TN Vanguard Life Strategy Income Fund	%
First TN Interest Bearing Account Option	%
Total	100%

All future Contributions will be allocated in the same manner as your initial investment selection shown above. To make any changes, please sign on to www.tnstars.com or call a customer service representative at 1-855-386-7827.

5. Initial Purchase

The Minimum Initial Contribution to an Account is \$25 per Investment Option selected. The initial Contribution can be made through any of the following options.

- Check \$ _____
Checks should be made payable to "TNStars College Savings 529 Program." Third party checks are subject to review. Additional restrictions apply. *See the Disclosure Brochure for details.*
- One-Time Electronic Funds Transfer \$ _____
A one-time Electronic Funds Transfer ("EFT") from your bank account via Automated Clearing House ("ACH"). *Complete banking instructions in Section 6.*
- Automatic Investment Plan ("AIP") - Scheduled, recurring Contributions from your bank account. A minimum of \$25 is required. *Complete banking instructions in Section 6.*

Amount: \$ _____

- Weekly Monthly Twice a Month
- Quarterly Semi-Annually Annually

Purchase on the _____ day of the month, beginning _____, 20_____.

(If not provided, the Contribution will occur on the 10th day of the month.)

- Payroll Deduction - Enclose an Employee Payroll Deduction form. You can obtain this form by calling 1-855-386-7827 or by downloading the form from our website at www.tnstars.com.

Before selecting the Payroll Deduction option, you should verify that your employer is currently processing Contributions through payroll direct deposit. If your employer is not currently set up to process Contributions through payroll direct deposit, you should confirm your employer offers such a service and is able to meet the TNStars College Savings 529 Program's operational and administrative requirement. If your employer is interested in establishing the payroll deduction option, please have the appropriate personnel fill out the Employer Authorization form, which can be downloaded from our website at www.tnstars.com or by calling our office at 1-855-386-7827.

- Rollover from another Section 529 Plan - Enclose a TNStars College Savings 529 Program Rollover form. You can obtain this form by calling 1-855-386-7827 or by downloading the form from our website at www.tnstars.com.

6. Bank Account Information

The Participant may elect to contribute to an account via an Electronic Funds Transfer ("EFT") or Automatic Investment Plan ("AIP"). See *Section 5 of the Enrollment Application and the Disclosure Brochure for more information*. Both of these methods debit a bank account, either checking or savings, as elected by the Participant. There is no TNStars transaction fee for debiting a bank account; however, a bank account owner should check with his/her financial institution to determine what fees, if any, may apply to such transactions.

The bank account may be debited two (2) business days prior to the date selected by the Participant or, if the date selected falls on a weekend or holiday, the debit will be made on the next business day. If no date is selected, the debit will occur on the 10th day of the month, unless that date falls on a weekend or holiday, in which case the debit will be made on the next business day.

It is the Participant's responsibility to notify TNStars, in writing promptly, or within fifteen (15) business days, of the next Contribution, of a bank or bank account change. If a Contribution cannot be completed because of inaccurate bank information, insufficient funds or bank account closure, TNStars will cancel the AIP or EFT service for the account and the Participant may be responsible for any costs or losses incurred by TNStars.

- Checking *(Please include a voided check. Do not tape or staple it to this application.)*
- Savings *(Please include a preprinted savings slip. Do not tape or staple it to this application. Please ensure that the ABA Routing Number is correct.)*

By signing below, I hereby authorize TNStars to debit my bank account. I ratify any instructions given on this account for any money movement between this account and any bank accounts designated by me and agree that neither the Program nor the State will be liable for any loss, cost or expense for acting upon such instructions believed by the Program, or any agent acting on its behalf, to be genuine and in accordance with the procedures described in the Disclosure Brochure.

Please print and sign exactly as your name(s) appears on your bank account.

Name of Bank Account Owner

Name of Bank Account Owner *(if applicable)*

Signature of Bank Account Owner

Signature of Bank Account Owner *(if applicable)*

7. Account Profile Information

The following information is being requested for internal purposes. If you have any questions regarding our privacy policy, call 1-855-386-7827 or visit our website at www.tnstars.com.

1. How did you hear about the TNStars College Savings 529 Program? *(You may select more than one.)*

- | | | |
|--|--|--|
| <input type="radio"/> Direct Mail | <input type="radio"/> Print Ad | <input type="radio"/> Program Representative/Event |
| <input type="radio"/> Email | <input type="radio"/> News Story | <input type="radio"/> Friend, Family or Colleague |
| <input type="radio"/> TV Commercial | <input type="radio"/> Online Advertising | <input type="radio"/> Financial Advisor |
| <input type="radio"/> Radio | <input type="radio"/> Internet Search | <input type="radio"/> Employer |
| <input type="radio"/> Motor Vehicle Insert | <input type="radio"/> Birth Certificate Insert | <input type="radio"/> Other _____ |

2. What aspect(s) of the TNStars College Savings 529 Program are most appealing to you?

- | | | |
|--------------------------------------|---------------------------------------|---|
| <input type="radio"/> Tax Advantages | <input type="radio"/> Estate Planning | <input type="radio"/> Professional Money Management |
| <input type="radio"/> Flexibility | <input type="radio"/> Affordability | <input type="radio"/> Incentives |

3. Indicate your level of education. *(Select highest level completed.)*

- | | | |
|--|---|------------------------------------|
| <input type="radio"/> High School | <input type="radio"/> Bachelor's Degree | <input type="radio"/> Doctorate |
| <input type="radio"/> Some College | <input type="radio"/> Master's Degree | <input type="radio"/> Professional |
| <input type="radio"/> Associate's Degree | | |

4. Annual Household Income

- | | | |
|---|---|---|
| <input type="radio"/> \$0 - \$24,999 | <input type="radio"/> \$40,000 - \$74,999 | <input type="radio"/> \$100,000 - \$249,999 |
| <input type="radio"/> \$25,000 - \$39,999 | <input type="radio"/> \$75,000 - \$99,999 | <input type="radio"/> Over \$250,000 |

5. Indicate your primary source of funding for this account.

- | | | |
|---|--|-----------------------------------|
| <input type="radio"/> Employment Earnings | <input type="radio"/> Tax Refund or Credits | <input type="radio"/> Other _____ |
| <input type="radio"/> Gift or Inheritance | <input type="radio"/> Rollover from Another Plan | |

6. Indicate the Participant's ethnicity.

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="radio"/> White | <input type="radio"/> Hispanic/Latino | <input type="radio"/> Native American |
| <input type="radio"/> African American | <input type="radio"/> Asian American | <input type="radio"/> Other _____ |

7. Indicate the Beneficiary's ethnicity.

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="radio"/> White | <input type="radio"/> Hispanic/Latino | <input type="radio"/> Native American |
| <input type="radio"/> African American | <input type="radio"/> Asian American | <input type="radio"/> Other _____ |

8. eDelivery*

- Select this option to sign up to receive any of the following information via email.

I consent to the delivery of all the documents that are governed under the TNStars College Savings 529 Program's eDelivery services. I understand that when a new document is available, I will receive an email notification to the email address provided. The email will include directions to visit the online customer self-service portion on the TNStars College Savings 529 Program website, where it can be viewed and downloaded. This consent will remain effective until I revoke it.

- Statement and Confirms

Email Address: _____

**eDelivery is available only if your name appears in your account registration. You may revoke the consent of eDelivery and resume receiving paper documents via U.S. postal mail at any time.*

9. Participation Agreement

By executing the enrollment application,

- A. I hereby agree to participate in, becoming a Participant of, the Program and be subject to the terms and conditions of the Disclosure Brochure and enrollment application. I acknowledge receiving a copy of the participation agreement and Disclosure Brochure. I have had an opportunity to read these documents and I understand them. Furthermore, I agree to all terms and conditions contained therein.
- B. I hereby agree that I am opening an Account to provide funds for the Qualified Higher Education Expenses of a Beneficiary.
- C. I hereby verify that the information that I provided in the enrollment application is true, complete and correct and may be relied upon by TNStars for the purpose of opening an Account. If there are any errors or changes related to the information provided on the enrollment application, I will notify TNStars in writing promptly.
- D. I understand that:
- (1) my investments are not insured or guaranteed by the State of Tennessee, TNStars, the Board, any government agency (except to the extent noted below regarding Federal Deposit Insurance Corporation ("FDIC") insurance) or any of the employees or directors of any such entities;
 - (2) my investments are not deposits or obligations of, nor guaranteed by, any financial institution; and
 - (3) my investments are subject to investment risks, including possible loss of the principal amount invested.

If I have elected to invest in the TN First Tennessee Interest Bearing Account Investment Option, I understand that the portion so invested is covered by FDIC-insurance up to the maximum amount set by federal law. It is my responsibility to determine how selecting the TN First Tennessee Interest Bearing Account Investment Option would be aggregated with other accounts, if any, at First Tennessee Bank National Association. More information can be found at the FDIC's website, www.fdic.gov, or by contacting the FDIC at 1-877-ASKFDIC.

- E. I acknowledge that opening an Account involves investment risk. I represent that I have reviewed and understand the risks related to investing in the Program discussed in the Disclosure Brochure. I understand it is my responsibility to read all disclosure documents for the applicable Investment Option(s). Such documents contain additional information regarding investment objectives, risks, sales charges and other material facts.
- Investment returns are not guaranteed and past performance does not guarantee future results.**

9. Participation Agreement (continued)

- F. I understand that opening an Account does not guarantee that a Beneficiary will be admitted to any educational institution or, if admitted, will be permitted to continue enrollment in, graduate or receive a degree from an educational institution. Furthermore, there is no guarantee that the rate of return, if any, on any of the Investment Options or that Contributions made to an Account will be sufficient to pay a Beneficiary's higher education expenses for any particular period of time at any particular educational institution.
- G. I understand that certain Withdrawal types, Beneficiary changes and Account types may be subject to taxation, penalties or restrictions. Additionally, **Section 529 Plans offered by other states may offer tax or other benefits to taxpayers or residents of those states that are not available with regard to TNStars.** I acknowledge that it is my responsibility to obtain legal, financial or tax advice specific to my situation and circumstances.
- H. I agree that a photocopy, electronically-scanned image or facsimile of the enrollment application and signatures therein shall be deemed an original.
- I. I acknowledge that the Contract, including the enrollment application and Disclosure Brochure, is governed by, and construed in accordance with, the laws of the State of Tennessee, without giving effect to any choice of law or conflict of law rules, and that pursuant to Article I, Section 17 of the Tennessee Constitution and Section 9-8-307(a)(1)(L) of the Tennessee Code Annotated, any and all disputes, claims and causes of action against the State of Tennessee, the Department of Treasury or TNStars, must be brought in the Tennessee Claims Commission which has the exclusive jurisdiction to hear such matters. Furthermore, if any part or parts of the Contract shall be held to be void or unenforceable, such parts or parts shall be treated as severable, leaving valid the remainder of the Contract.
- J. I understand that the Board may make changes to the Program or Contract, including the enrollment application and Disclosure Brochure, at any time without my consent and I agree to be subject to such amendments.
- K. I acknowledge that, under Tennessee law, TNStars, the Board, the State of Tennessee or any of their board members, officers, employees or associated individuals will not indemnify an Account Owner, Beneficiary or Contributor against any damages, losses or other claims arising from their official or unofficial acts, whether negligent or otherwise.
- L. **I agree to indemnify and hold harmless the State of Tennessee, its employees, the Board and Board members, the Program, any vendors, contractors, investment advisors, or investment managers or any agents representatives or successors of the foregoing from and against any and all loss, damage, liability or expense, including reasonable attorney's fees, that any of them may incur by reason of, or in connection with, any misstatement or misrepresentation made by me or any of my agents herein or otherwise with respect to the Contract and any breach by me or any of my agents of any of the agreements, representations or warranties contained in the participation agreement. All of my agreements, representations, and warranties shall survive the termination of the participation agreement.**

Participant's Signature

Date

Participation in the program shall be effective when the completed and fully executed Enrollment Application and the minimum initial Contribution are received and accepted by the Program.

**Return to: TNStars College Savings 529 Program
P.O. Box 198801
Nashville, TN 37219**