



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)
 E-mail: TN.STARS@tn.gov
 Website: www.tnstars.com



Account Maintenance

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.

The following changes may be made on this form:

- Address Change
- Change of Beneficiary
- Participant Appointee Information
- Subsequent Contributions
- Elected investment Allocation
- Annual Exchange
- Bank Account Information
- eDelivery

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. Current Account Information

All information in this section is required.

 Account Number

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

 Social Security or U.S. Taxpayer ID Number

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

 Social Security or U.S. Taxpayer ID Number

2. Address Change(s)

A. Participant:

Name *(first, middle initial, last)*

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

City

State

Zip Code

Daytime Phone Number

Alternate Phone Number

E-Mail Address

B. Participant Appointee:

Name *(first, middle initial, last)*

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

City

State

Zip Code

Daytime Phone Number

Alternate Phone Number

E-Mail Address

C. Beneficiary:

Check here if the Beneficiary's address is the same as the Participant's.

Name *(first, middle initial, last)*

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

City

State

Zip Code

Daytime Phone Number

Alternate Phone Number

3. Transfers and/or Change of Beneficiary

Any new Designated Beneficiary must be a "member of the family" of your current Designated Beneficiary, as defined in the Plan Disclosure and Participation Agreement.

Transfer \$ _____ OR _____ % to an existing account # _____

Transfer \$ _____ OR _____ % to a new Beneficiary:

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

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

City

State

Zip Code

Social Security or U.S. Taxpayer ID Number

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

Relationship to Existing Beneficiary

Male Female

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

4. Participant Appointee Information

You may name a Participant Appointee for this account. In the event of your death or disability, ownership of all assets in the account will be transferred to the Participant Appointee you have selected. A Participant Appointee will assume all rights with respect to the account that the previous Participant Appointee had. Enforceability of a Participant Appointee designation may vary by state. Check with your estate planning attorney for more information.

Designate a new Participant Appointee using the information provided below. This designation overrides any previous designation(s). I certify that the Participant Appointee is a U.S. Citizen/Resident Alien (*Non-resident aliens are not eligible to participate in the Plan.*)

Change information on a current Participant Appointee using the information provided below:

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

5. Subsequent Contributions

Changes to, or termination of, an Automatic Investment Plan must occur at least fifteen (15) business days before cycle date. *(A minimum of \$25 per investment option is required.)*

- Check: \$_____ *(Complete One-Time Contribution Allocation in Section 6.)*

Make check payable to "The Tennessee College Savings Plan". Third party checks are subject to review. We do not accept money orders.

- Automatic Investment Plan (AIP/ACH):

To create or maintain your scheduled, recurring purchases from your bank account, please complete all the information below:

- Update my existing AIP/ACH. *(If providing new bank information, please complete Section 10.)*

- Establish a new AIP/ACH with new bank information. *(Please complete Section 10.)*

Amount invested each period *(a minimum of \$25 per investment option is required)*: \$_____

Weekly Monthly Twice a Month

Quarterly Semi-Annually Annually

Invest funds on the _____ day of the month, beginning _____, 20____.
(If not provided, the purchase will occur on the 10th day of the month.)

- Discontinue my AIP/ACH

- One-Time Electronic Funds Transfer (Automated Clearing House (ACH) Option)

Complete One-Time Contribution Allocation in Section 6.

Electronic transfer immediately from your bank account. Complete banking instructions in Section 10.

\$_____ amount to be transferred *(\$25 minimum)*

6. Elected Investment Allocation

Please indicate below how you would like to allocate your contribution or change the way future contributions are allocated across your portfolios.

- One-Time Contribution (See Section 6.)
 - Follow my current allocation.
 - Change allocation for this contribution only. (Fill in table below.)

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%

7. Annual Exchange

You may exchange existing assets in each beneficiary's 529 account twice per calendar year. An exchange of assets does not affect the investment allocation of future contributions (*your Elected Investment Allocation*). In the future, you may allocate contributions by completing Section 6 of this form.

Using the table below, indicate which portfolio(s) you would like to exchange from in percent, dollars or units (see below) and which portfolio(s) you would like to exchange to in percent.

*Indicate how you would like to exchange from your originating portfolio: Percent
 Dollars
 Units

Investment Options	Exchange From*	Exchange To (%)
Age-Based Portfolios		
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%

8. Bank Account Information

Your bank account may be debited approximately two (2) business days prior to the date(s) you select or the next business day following the weekend or holiday. Please allow 10 days to process debits from your account. Please choose which type of account you will be debiting:

- 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.)*

I authorize the TNStars College Savings 529 Program to debit and/or credit my bank account for purchases and redemptions of units of the portfolio(s) specified. I understand that if I redeem units that have been purchased through a direct link from my bank account to my Account within the last 60 days, my redemption proceeds of those units may be delayed up to 60 days to determine that the purchase payment has cleared the bank. I agree that the TNStars College Savings 529 Program is purchasing and redeeming such units voluntarily at my request and shall not be liable for any delay in processing or failure to process such purchases and/or redemptions. I understand that this service does not constitute an offer to sell units of any portfolio.

If I change banks, I agree to notify the TNStars College Savings 529 Program promptly in writing. I agree to give adequate notice (normally 15 days) to terminate this service. I understand that if a transaction cannot be made because of insufficient funds or unit balance or because either account has been closed, this service will be cancelled and I agree to promptly return any amount overpaid to me from a redemption of units purchased with that payment. I understand that any of the features and privileges described herein may be modified, suspended or cancelled by the TNStars College Savings 529 Program or the plan at any time without notice and that all services described herein are subject to the terms of the Plan Disclosure and Participant Agreement, which I acknowledge I have received and read.

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)*

9. eDelivery*

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

I consent to the delivery of 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 e-mail notification to the e-mail address provided. The e-mail will include directions to visit the on-line 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.

10. Signature

I certify that the information I have provided and all future information I will provide with respect to my TNStars College Savings 529 Program account is true, complete and correct. I have received, read and agree to the terms set forth in the Plan Disclosure and Participation Agreement.

I understand that if I am changing the Participant Appointee in Section 4, I certify that it is my intent to revoke the Participant Appointee and name a new Participant Appointee. I have read the Plan Disclosure and Participation Agreement and understand that instructions provided on this form override any Participant Appointee instructions included in a will or codicil. I agree to notify my Participant of his/her status. I will indicate the Participant will be required to provide the TNStars College Savings 529 Program with a copy of a death certificate in the case of the death of the Participant or an acceptable medical authorization or court order in the case of the incapacity of the Participant and such other information as the TNStars College Savings 529 Program requires prior to taking any action regarding the account.

Signature of Participant

Date

11. Signature Guarantee

A signature guarantee is a warranty by a participant in a Securities Transfer Association Signature Guarantee Program that the signature is genuine and that the person signing is competent and authorized to sign. Many domestic banks or trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies or savings associations participate in such programs.

- A signature guarantee is required if you are transferring account to new Participant Appointee.
- A medallion stamp is required if your account is over \$100,000.

Affix stamp here.

Signature of Guarantor

Title

Date

12. Before You Mail, Have You ...

- Entered all required information in Section 1?
- Signed the form in Section 8 if establishing or updating your bank account information?
- Included a voided, preprinted check or savings account deposit slip as directed in Section 8, if applicable?
- Signed this form in Section 10?