



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](mailto:TN.STARS@tn.gov)  
 Website: [www.tnstars.com](http://www.tnstars.com)



# Rollover Form

## Instructions

Please use this form to rollover assets from another Section 529 Plan. Before you complete this form, please complete the TN Stars College Savings 529 Program Enrollment Application available on-line.

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.

**NOTE: Special consideration should be taken when selecting a new Designated Beneficiary as multiple rollovers with a 12-month period or the designation of a beneficiary who is not a Qualified Family Member may result in additional taxes or penalties. See the Plan Disclosure and Participation Agreement for potential tax consequences and other considerations.**

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 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

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

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Daytime Phone Number

\_\_\_\_\_  
 Alternate Phone Number

\_\_\_\_\_  
 E-Mail Address

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

\_\_\_\_\_  
 Beneficiary's Social Security Number

\_\_\_\_\_  
 Beneficiary's Date of Birth *(mm/dd/yyyy)*

Is the beneficiary named above different from the beneficiary on your current 529 Account?

Yes       No

## 2. Instructions to Current/Resigning Trustee

A. Indicate the Source of your Rollover/Transfer (*check one*)

- Section 529 College Savings Plan
- Qualified Savings Bonds

B. Indicate whether this is an Indirect Rollover or a Direct Rollover Request (*Check one and complete additional information as requested for a Direct Rollover. Note that a Direct Rollover is only permissible for assets held in the TN Stars College Savings 529 Program or another Section 529 College Savings Plan account.*)

- Indirect Rollover: I am enclosing a check representing the rollover proceeds.
- Direct Rollover: I am requesting and instructing the TN Stars College Savings 529 Program to act on my behalf to obtain funds directly from the trustee of my current Section 529 College Savings Program Account. For a Direct Rollover, please fill in the information requested below and include a copy of your current account statement. Your current Program Manager may require additional information.

\_\_\_\_\_  
Name of Current Program Manager/529 Plan

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
State Sponsor (*if applicable*)

- Full Account
- Partial Account (*select one of the following*)
- Dollar Amount \$ \_\_\_\_\_
- Percentage \_\_\_\_\_%

C. Indicate which portion of the Rollover is attributable to contributions (cost basis) and which is attributable to earnings. Otherwise, your entire Rollover is required to be treated as earnings, which may be taxable upon withdrawal. If you do not know this amount, your Program Manager must send this information with a direct rollover check. (*For further details, call your Program Manager.*)

\$ \_\_\_\_\_ Total Amount of Rollover/Transfer

\$ \_\_\_\_\_ Base Contribution or Cost Basis of Rollover/Transfer

\$ \_\_\_\_\_ Earnings Portion of Rollover/Transfer

D. Please indicate whether you would like to allocate your funds differently from the way you did in the Elected Investment Allocation on your Account Application for the TN Stars College Savings 529 Program. Please note this will only affect your rollover dollars.

Investment Options	Allocation
<b>Age-Based Option</b>	
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.	%
<b>Self-Selected Portfolios</b>	
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	%
<b>Total</b>	<b>100%</b>

### 3. Signatures

I authorize the TN Stars College Savings 529 Program to act on my behalf in contacting the current 529 Plan Program Manager to facilitate the transfer of assets. I hereby certify that (1) the information provided herein is accurate, (2) the Designated Beneficiary on my TN Stars College Savings 529 Program Account is a "member of the family" of the Designated Beneficiary in the current program (as defined in the Program Disclosure Brochure) or (3) this Rollover does not change the Beneficiary and is the only Rollover for the Beneficiary within the past 12 months and, if applicable, (4) my contribution of rollover proceeds from another account is within 60 days of receiving the refund. I understand that, if I fail to provide the required information relative to the contributions and earnings portion of the rollover mentioned in Section 2C, the entire amount of the rollover contribution will be treated as earnings that may be taxable upon withdrawal.

\_\_\_\_\_  
Signature of Participant, Custodian,  
Trustee, Partner or Officer

\_\_\_\_\_  
Date

### 4. 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.

Call your Program Manager to determine if a signature guarantee is required.

*Affix stamp here.*

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### 5. Before You Mail, Have You ...

- Completed a TN Stars College Savings 529 Program Application, if you are opening a new account?
- Included documents from your current Program Manager, if required?
- Written a check payable to "TN Stars College Savings 529 Program" for an Indirect Rollover?
- Signed this form in Section 3?
- Obtained a Signature Guarantee, if required, in Section 4?