

TNStars College Savings 529 Program

Account Features Form

- Use this form to add, change, or delete Recurring Contributions, Electronic Funds Transfer (EFT), Systematic Reallocation, and banking information on your TNStars College Savings 529 Program Account.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.

Forms can be downloaded from our website at **www.tnstars.com**, or you can call us to order any form — or request assistance in completing this form — at **855.386.7827**, Monday — Friday 8 a.m. to 4:30 p.m. Central time.

	855.386.7827 8:00 a.m. to 4:30 p.m. Central Time M-F
k 	www.tnstars.com
$\succeq_{\!$	TN.STARS@tn.gov
TNS P.0	ular mailing address: Stars College Savings 529 Program . Box 55597 ston, MA 02205-5597
	rnight mailing address: Stars College Savings 529 Program

1.	Current Participant information
	Account Number(s) (To list more than 3 Accounts, use a separate sheet.)
	Name of Participant (first, middle initial, last)
	Telephone Number (In case we have a question about your Account.)
2.	Features to add, update, or delete (Check all that apply.)
	Recurring Contribution Program/Electronic Fund Transfer—Section 3
	Bank information—Section 4
	Systematic Reallocation — Section 5



3. Recurring Contribution/Electronic Fund Transfer (EFT)

- Complete this section to add, change, or delete a recurring contribution from your bank account, or to add a one-time contribution by electronic transfer from a bank.
- You can add, change, or delete a Recurring Contribution or make a one-time EFT by accessing your Account online at www.tnstars.com.
- To add Recurring Contributions instructions or multiple bank accounts, complete and include Section 3 and Section 4 for each instruction.
- Recurring Contribution or EFT will be unavailable for withdrawal for 21 calendar days.
- When adding or changing bank information on your account, a 10 calendar day hold will be placed.
- Your transfer will be allocated according to the standing allocation(s) on your Account.
- Minimum initial investment amount is \$25 per Investment Option selected.

A. Recurring Contributions. You can transfer money from your bank account to the TNStars College Savings 529 Pro on a set schedule or custom schedule. (Check all that apply.)								
	Add this option to my Account. (Provide the information below and in Section 4.) Change my investment amount, frequency, and/or debit date to my existing Recurring Contribution (Provide the new amount and/or debit date below.) Note: If you wish to skip a scheduled Recurring Contribution, please call 855.386.7827 .							
	Section 4.) Delete this option.							
	Amount of Debit:	\$25 \$50	\$100 \$150	\$250 Other	\$,			
	Frequency (Check One):	Monthly	Quarterly (Every three months.)	Custom				
	Custom Only:	January	February	March	April			
	(Select months you would like your Recurring Contributions to occur)	May September	June October	July November	August December			
	Start Date:*	Date (mm/dd/yyyy)						

you a month before	rear in the month that you specify by the amount indicated. A confirmation of this increase will be sent e it is scheduled for implementation.
Note: A plan of reg	gular investment cannot assure a profit or protect against a loss in a declining market.
Amount of increas	se: \$
Month:**	
the month selected	h your Recurring Contribution will be increased. The first increase will happen at the first occurrence of d. Annual Recurring Contribution increases are subject to the general contribution limits of the TNStars 29 Program and will also count toward annual federal gift tax exclusion limits.
Add \$	ntribution via Electronic Fund Transfer (EFT), complete Section 4 if there is not bank account information on f
Bank information	
Add Chan	nge Delete
	re adding a Recurring Contribution or EFT option to your Account or if you are changing your bank
account information.	
	FT can be made only through accounts held by a U.S. bank, savings and loan association, or credit unio
	nated Clearing House (ACH) network. Money market mutual funds and cash management accounts incial companies cannot be used.
•	ik information on your account, a 10 calendar day hold will be placed.
	rwork, you agree and confirm that your ACH transactions will not involve the branches or offices of a ba
	any located outside the territorial jurisdiction of the United States.
Bank Name	
Bank Name	
Bank Name	
	Account Type: Bank Account Number Account Type: (Check one.) Checking Savi
Bank Routing Number	
Bank Routing Number	
Bank Routing Number Name(s) on Bank Account	Bank Account Number (Check one.) Checking Savi
Bank Routing Number Name(s) on Bank Account	Bank Account Number (Check one.) Checking Savi
Bank Routing Number Name(s) on Bank Account Bank Account Owner Name (first, middle	Bank Account Number (Check one.) Checking Savi
Bank Routing Number Name(s) on Bank Account	Bank Account Number (Check one.) Checking Savi
Bank Routing Number Name(s) on Bank Account Bank Account Owner Name (first, middle) Bank Account Owner Name (first, middle)	Bank Account Number (Check one.) Checking Savi
Bank Routing Number Name(s) on Bank Account Bank Account Owner Name (first, middle) Bank Account Owner Name (first, middle) Bank Account Owner Name (first, middle) Note: The routing number is usu	Bank Account Number (Check one.) Checking Savi
Bank Routing Number Name(s) on Bank Account Bank Account Owner Name (first, middle) Bank Account Owner Name (first, middle) Bank Account Owner Name (first, middle) Note: The routing number is usu	Bank Account Number (Check one.) Checking Savi
Bank Routing Number Name(s) on Bank Account Bank Account Owner Name (first, middle) Bank Account Owner Name (first, middle) Bank Account Owner Name (first, middle) Note: The routing number is usu	Bank Account Number (Check one.) Checking Savi
Bank Routing Number Name(s) on Bank Account Bank Account Owner Name (first, middle) Bank Account Owner Name (first, middle) Note: The routing number is usu If you are not the bank account o	Bank Account Number (Check one.) Checking Savi
Bank Routing Number Name(s) on Bank Account Bank Account Owner Name (first, middle) Bank Account Owner Name (first, middle) Note: The routing number is usu If you are not the bank account o SIGNATURE Signature	Bank Account Number (Check one.) Checking Savi
Bank Routing Number Name(s) on Bank Account Bank Account Owner Name (first, middle) Bank Account Owner Name (first, middle) Note: The routing number is usu If you are not the bank account o	Bank Account Number (Check one.) Checking Savi

Systematic Reallocation Program (Optional)

Systematic Reallocation allows you to reallocate from one Investment Option to one or more Investment Options within your Account on a pre-scheduled basis.

- To participate in Systematic Reallocation, you must contribute at least \$5,000 or have a balance of at least \$5,000 in the Source Investment Option to one or more Target Investment Options on a pre-scheduled basis. The reallocation from the Source Investment Option must have a minimum of \$5,000 in assets to start the Systematic Reallocation.
- You must designate a minimum of \$500 for each monthly or quarterly scheduled exchange.
- Creating a Systematic Reallocation using money that is already invested in your account will count towards your twice per calendar year Investment Option change limit.
- Creating a Systematic Reallocation with new money contributed to your account will NOT count towards your twice per calendar year Investment Option change limit. To start a Systematic Reallocation using new money you must mail a contribution check with this completed form to the TNStars College Savings 529 Program.
- If you make any changes to or cancel an established Systematic Reallocation it will count towards your twice per calendar year Investment Option change limit.
- You cannot select Age-Based Option(s) as a "Source Investment Option."

Frequency (Check one.):	Monthly Quarterly (3 months from the sta	art da	te)						
Amount:	\$, Amount								
Start Date:*	□ □ − □ □ − □ □ □ □ □ □ □ □ □ □ □ □ □ □								
	nstructions at least three business days prior to the indicated st ese transactions. If the date is not specified, this option will beg the month.								
Source Investment Option	n]							
Target Investment Option	u(s)]					-,		- —
		\$,			. 0	0
Investment Option		1 .	Amo	unt <i>(mir</i>	nimum	\$500)	¬	. —	- —
		\$,			. 0	0
Investment Option		1 🔺	Amo	unt <i>(mir</i>	nimum	\$500)	¬—	. —	
		\$,			. 0	0
Investment Option			Amo	unt <i>(mir</i>	nimum	\$500)			
Stop Type (Select one):									
Stop Date:									
	Date (mm/dd/yyyy)								
When total amoun	it of reallocation equals.	0							
	(minimum \$5,000)								
When Complete B	alance of the "Source Investment Option" is depleted.								

By completing this section and signing this form, I authorize the TNStars College Savings 529 Program to process the periodic reallocation as indicated. I understand that making changes to an established Systematic Reallocation Program will count towards my twice per calendar year Investment Option change limit.

Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the TNStars College Savings 529 Program Disclosure Brochure as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize the TNStars College Savings 529 Program or its designee to add, delete, or change financial features according to the instructions above.
- If I have added or changed banking information in Section 4, I certify that I have authority to transact on the bank account so indicated.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is funded with UGMA/UTMA assets, I further certify that I am the Parent/Guardian/Custodian of the Account identified in **Section 1**.
- I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations.
- If I have chosen the Recurring Contributions or EFT option, I authorize the TNStars College Savings 529 Program, the State of Tennessee, Ascensus College Savings Recordkeeping Services, LLC and its affiliates, and their respective agents, employees and affiliates, (collectively, "the TNStars College Savings 529 Program Associated Persons") and its designees, upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my Account at the bank named in **Section 4**. I authorize the bank to accept any such credits or debits to my Account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that the TNStars College Savings 529 Program Associated Persons, will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the TNStars College Savings 529 Program and the bank by telephone or in writing, and that the termination request will be effective as soon as the TNStars College Savings 529 Program and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 4**.

SIGNATURE	
Signature of Participant	Date (mm/dd/yyyy)

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK