



# TNStars College Savings 529 Program Beneficiary Change Form

- Complete this form if you are transferring to a different Beneficiary all or part of the balance in the Account of your current Beneficiary.
- Type in the 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.

**Important:** To avoid adverse tax consequences on the Account transfer, the new Beneficiary must be a Member of the Family of the current Beneficiary, as defined in the TNStars College Savings 529 Program Disclosure Brochure. If the new Beneficiary is not an eligible family member, the change will be considered a non-qualified withdrawal, which means that it may be subject to both state and federal income tax and a 10% federal penalty tax on any earnings.

Forms can be downloaded from our website at [www.tnstars.com](http://www.tnstars.com), or you can call us to order any form — or request assistance in completing this form — at **855.386.7827** any business day from 8:00 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

[www.tnstars.com](http://www.tnstars.com)

[TN.STARS@tn.gov](mailto:TN.STARS@tn.gov)

Regular mailing address:  
**TNStars College Savings 529 Program**  
**P.O. Box 55597**  
**Boston, MA 02205-5597**

Overnight mailing address:  
**TNStars College Savings 529 Program**  
**95 Wells Ave, Suite 155**  
**Newton, MA 02459-3204**

## 1. Current Account information

Account Number

Telephone Number *(In case we have a question about your Account.)*

Name of Participant *(first, middle initial, last)*

Name of Existing Beneficiary *(first, middle initial, last)*

Beneficiary Social Security Number or Taxpayer Identification Number **(Required)**

## 2. Information for the New Beneficiary *(You cannot change a Beneficiary on an UGMA/UTMA Account.)*

Name of New Beneficiary *(first, middle initial, last)*

Social Security Number or Taxpayer Identification Number **(Required)**

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

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*



**3. Transfer amount** (Check and complete **Section 3A or 3B and 3C.**)

A.  **Entire balance.** The TNStars College Savings 529 Program will change the Beneficiary on your Account and will assign you a new Account number if you do not already have an Account for the new Beneficiary. Once the transfer is completed, the original Account will be closed.

Do you already have an Account for the new Beneficiary? (Check one.)

**Yes.**                  —        **If yes, go directly to Section 3C.**  
Account Number

**No.**      **If no, go directly to Section 4.**

B.  **Partial balance.** The TNStars College Savings 529 Program will keep the Account for the current Beneficiary's Account open. The dollar amount you specify below will be transferred to the new Beneficiary's Account.

<b>Name of Investment Option</b>	<b>Dollar amount</b> <i>(For partial amounts.)</i>	<b>OR</b>	<b>Total balance</b> <i>(Check if applicable.)</i>
<input style="width: 100%;" 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="checkbox"/>
<input style="width: 100%;" 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="checkbox"/>
<input style="width: 100%;" 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="checkbox"/>

Do you already have an Account for the new Beneficiary? (Check one.)

**Yes.**                  —        **If yes, go directly to Section 3C.**  
Account Number

**No.**      **If no, go directly to Section 4.**

**Note:** If the amount to be transferred exceeds the maximum contribution limit, the excess will remain in the existing Account for your current Beneficiary.

C.  **Existing Account transfers.** Complete this section if you have selected "Yes" in **Section 3A or 3B.** If an option is not selected below, the transfer amount will be allocated according to the new Beneficiary's existing Investment Option allocation election. (Check one.)

**I want to transfer the assets in-kind.** (An "in-kind" transfer is moving the Units from the current Beneficiary's Account to the new Beneficiary's Account without selling or buying Investment Options.) Go to **Section 5.**

**I want to transfer and allocate the assets according to the new Beneficiary's current Investment Options.** (By selecting this option, the current investments will be liquidated, and the funds will be deposited into the new Beneficiary's Account according to the future allocation instructions on the new Beneficiary's Account.) Go to **Section 5.**

**I want to transfer the assets into the new Investment Option(s) selected in Section 4.** (This will not change the future contribution allocation of the new Beneficiary's Account.) Go to **Section 4.**

**4. Investment Option selection** *(Check only one.)*

- Before choosing your Investment Options, see the Disclosure Brochure *(available at [www.tnstars.com](http://www.tnstars.com))* for complete information about the Investment Options offered.
- Please select one or more Investment Options from the choices below. If you choose one Investment Option, please indicate 100% next to that option. If you choose more than one Investment Option, please indicate the percentage amount of the contribution you would like invested into each of the selected Investment Options.
- Use whole percentages only.
- Your investment percentages must total **100%**.

A.  I want to **keep the same investment allocation** for my new Beneficiary.

B.  I want to **establish a new investment allocation** as listed below.

**Age-Based Options:**

TN 0-2 Age Band	<input type="text"/> <input type="text"/> <input type="text"/> %
TN 3-4 Age Band	<input type="text"/> <input type="text"/> <input type="text"/> %
TN 5-6 Age Band	<input type="text"/> <input type="text"/> <input type="text"/> %
TN 7-8 Age Band	<input type="text"/> <input type="text"/> <input type="text"/> %
TN 9-10 Age Band	<input type="text"/> <input type="text"/> <input type="text"/> %
TN 11-12 Age Band	<input type="text"/> <input type="text"/> <input type="text"/> %
TN 13-14 Age Band	<input type="text"/> <input type="text"/> <input type="text"/> %
TN 15-16 Age Band	<input type="text"/> <input type="text"/> <input type="text"/> %
TN 17-18 Age Band	<input type="text"/> <input type="text"/> <input type="text"/> %
TN 19+ Age Band	<input type="text"/> <input type="text"/> <input type="text"/> %

**Self-Selected Investment Options:**

**Growth**

TN Aggressive Growth Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Emerging Markets Stock Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Total International Stock Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Real Estate Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Small Cap Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN US Large Cap Value Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Total Stock Market Fund	<input type="text"/> <input type="text"/> <input type="text"/> %

**Balanced**

TN Balanced Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
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**Conservative**

TN Total International Bond Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN High-Yield Corporate Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Core Plus Bond Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Total Bond Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Short-Term Corporate Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Short-Term Inflation Protected Securities Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Interest Bearing Account	<input type="text"/> <input type="text"/> <input type="text"/> %

**TOTAL**

**1 0 0** %

**5. Successor Participant information** *(Optional)*

- The Successor Participant will take over control of the Account in the event of your death.
- The person you designate as Successor Participant **must be at least 18 years old and meet the eligibility requirements of a participant.**
- To change an existing Successor Participant, please go online at **www.tnstars.com** or call **855.386.7827**.
- You may revoke or change the Successor Participant at anytime. See the TNStars College Savings 529 Program Disclosure Brochure for more information.

I want to have the same Successor Participant for the new Beneficiary.

**6. Recurring Contributions** *(Optional)*

Through Recurring Contribution, you can have funds transferred electronically—on a regular basis—from your bank, savings and loan, or credit union account to your TNStars College Savings 529 Program Account. Your contribution will be credited to your TNStars College Savings 529 Program Account on the business day before it is debited from your bank account. You may add, change, or delete bank information, or change the investment amount and frequency at any time by logging on to your Account at **www.tnstars.com**.

I would like to continue my existing Recurring Contribution for the new Beneficiary.

### 7. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I hereby acknowledge that:

- I have received and read this form and agree to the terms and conditions of the TNStars College Savings 529 Program Disclosure Brochure, which governs all aspects of this Account and is incorporated herein by reference. I will retain a copy of it for my records.
- I certify that all of the information I have provided on this form is accurate and complete and that I am bound by the terms, rights and responsibilities stated in the TNStars College Savings 529 Program Disclosure Brochure and by any and all statutory, administrative and operating procedures that govern the TNStars College Savings 529 Program. Except as set forth below, I understand that the TNStars College Savings 529 Program Disclosure Brochure and Enrollment Application constitute the entire agreement between me and the TNStars College Savings 529 Program. No person is authorized to make an oral modification to this agreement.
- If I have elected to invest in the TN First TN FDIC Insured 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 TN FDIC Insured 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 at [www.fdic.gov](http://www.fdic.gov), or by contacting the FDIC at 877-ASKFDIC.
- I understand both the principal I contribute to my Account and any investment returns are not guaranteed by 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 are subject to investment risks including the loss of the principal amount invested.
- I understand that participation in the TNStars College Savings 529 Program does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover tuition and other higher education expenses or that a Beneficiary will be admitted to or permitted to continue to attend an Eligible Educational Institution.
- I intend to use my Account solely to pay the qualified higher education expenses of the Beneficiary.
- If I have chosen the Recurring Contributions option, I authorize the TNStars College Savings 529 Program 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, and to accept any such credits or debits to my Account without responsibility as 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 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 6F** of my original **Enrollment Application**.
- To the best of my knowledge, each contribution to my Account, when added to the value of all other Accounts established for the same Beneficiary in 529 plans issued by the State of Tennessee will not cause the aggregate balances in such Accounts to exceed the Maximum Account Balance then in effect or the cost in current dollars of qualified higher education expenses that I reasonably anticipate the Beneficiary will incur.
- If the Account is funded with UGMA/UTMA assets, I certify that I am of legal age in my state of residence, I am the parent/guardian/custodian of the Account and that I am authorized to open the Account, and I am not aware of any adverse claim of ownership or court order relating to this Account, and I agree to hold harmless the TNStars College Savings 529 Program Associated Persons from any third party claims relating to my actions.
- 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 and that I am authorized to open an Account for the Beneficiary named in **Section 2**.
- I agree to promptly inform the TNStars College Savings 529 Program in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that the TNStars College Savings 529 Program has the right to terminate participation in the Program if it has reasonable grounds to believe that any of the foregoing certifications is untrue.
- I certify that the new Beneficiary is a “Member of the Family” of the current Beneficiary listed in **Section 1**. I understand that transfers not meeting this condition may result in the earnings portion of the transfer being considered a Non-Qualified Withdrawal subject to both state and federal income tax as well as an additional 10% federal penalty tax.
- 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 state 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.

SIGNATURE

Signature of Participant

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Date (mm/dd/yyyy)

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