

#### TNStars College Savings 529 Program

## **Account Information Change Form**

- Use this form to change: Your name, mailing address, phone number, email address, Successor Participant, or interested party information. You may also use this form to transfer assets to a new Participant.
- If you are changing your name you must also provide a copy of an official document that changes your name. This document must have been certified within 60 days (i.e. Marriage Certificate, Divorce Decree, etc.).
- If you are changing the Participant of an existing Account, your signature must be
  Medallion Signature Guaranteed in **Section 7** by an authorized officer of a bank,
  broker, or other qualified financial institution, and the new Participant must include
  an **Enrollment Application** if an Account is not already established.
- 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** any business day from 8:00 a.m. to 4:30 p.m. Central Time.

1-	855.386.7827					
(U <b>W</b>	<b>855.386.7827</b> 8:00 a.m. to 4:30 p.m. Central Time M-F					

www.tnstars.com

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 Participant information
	Account Number(s) (To list more than three Accounts, use a separate sheet.)
	Name of Participant (first, middle initial, last)
	Name of Facticipant (mst, innuire initial, iast)
	Telephone Number (In case we have a question about your Account.)
2.	Information to update or change
	Participant—Section 3 or Section 4
	Successor Participant — Section 5



#### 3. Updated Participant information

- If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your TNStars College Savings 529 Program Account. You do not need to enter information that will not be changed.
- If you are changing your name, you must also provide a copy of an official document that changes your name. This document must have been certified within 60 days (i.e. Marriage Certificate, Divorce Decree, etc.).

<b>Note:</b> Changing the address on your account will place a 10 calendar day hold be released once the hold time has been met.	d on any Withdrawal(s) you may request. The funds will
Name of Participant (first, middle initial, last)	
Telephone Number (In case we have a question about your Account.)	
Email Address	
Lilian Address	
Permanent Street Address (A P.O. box or rural route number is <b>not</b> acceptable.)	
City	State Zip Code
Account Mailing Address if different from above (This address will be used as the Account's address)	dress of record and for all Account mailings.)
City	State Zip Code
Transfer assets to a new Participant	
• This will transfer ownership of all of the assets in the referenced Account to	to the new Participant listed below.
• If you transfer ownership, you must also provide a Medallion Signature Gua	arantee in <b>Section 7</b> .
The new Participant will control the Account and the disposition of all asset	
<ul> <li>The new Participant must also complete an Enrollment Application if the same Beneficiary.</li> </ul>	new Participant does not have an Account on file for the
• If you are transferring due to death, please submit a copy of the Participant's	s death certificate.
$\textbf{Important:} \ \textbf{You cannot change the Custodian for an UGMA/UTMA Account.}$	
Account Number (If applicable)	
Name of New Participant (first, middle initial, last) (Required)	
Social Security Number or Taxpayer Identification Number ( <i>Required</i> )	Birth Date/Trust Date (mm/dd/yyyy) (Required)

### 5. Successor Participant information

Signature of Participant

- Complete this section only if you are adding, changing, or removing Successor Participant information on your Account.
- As the Participant you may designate a Successor Participant to take control of the Account in the event of your death. You may
  revoke or change your designation later by completing the appropriate form. See the TNStars College Savings 529 Program
  Disclosure Brochure for more information.
- The person you designate as Successor Participant must be at least 18 years old.

Check one.								
Add	Change	Delete						
Name of Successor Participant (first, middle initial, last)/or Trust Name								
Social Security Number (F	Required)			Birth Date or Trus	st Date <i>(mm/dd/y</i>	yyy) <b>(Required</b>	)	
Mailing Address								
City				State Z	ip Code			
<b>Signature</b> — <b>YOU MUST SIGN BELOW</b> (However, if you are changing your name or transferring ownership of your Account(s) to a new Participant, skip this section and complete <b>Section 7</b> instead.)								
• I certify that I have read, understand, consent, and agree to all the terms and conditions of the TNStars College Savings 529 Program Disclosure Brochure and understand the rules and regulations governing the TNStars College Savings 529 Program as they relate to this information change request.								
• By signing below, I authorize the TNStars College Savings 529 Program or its designee to change my account information according to the instructions above.								
0 0	e Participant, by signing thi ice concerning the potentian.				,			
If the Account is ov	vned by an entity or trust, I	I certify that I am du	ıly authorized	to bind such e	ntity or trust.			
SIGNATURE								

Date (mm/dd/yyyy)

# 7. Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES IF YOU ARE NOT PROVIDING A COPY OF THE DOCUMENT THAT CHANGES YOUR NAME AND CHANGES TO THE PARTICIPANT OF AN EXISTING ACCOUNT ONLY

- You must provide the following information as underwritten certification that the new signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution.

  A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the TNStars College Savings 529 Program Disclosure Brochure.

SIGNATURE	Authorized Officer to place stamp here
Former Signature of Participant (For name change only.)	
Current Signature of Participant	
Signature of Guarantor	
Title	
Name of Institution	
Date (mm/dd/yyyy)	