



## TNStars College Savings 529 Program Agent Authorization/Limited Power of Attorney

- Complete this form to designate an Investment Advisor, individual, corporation, or other entity as your Agent with **limited** authority to act on your TNStars College Savings 529 Program Account(s). To grant an Agent **complete** powers to act on your TNStars College Savings 529 Program Account(s), please complete the **Power of Attorney Form**.
- You may only designate **one level of authorization** in **Section 3** for the Account(s) listed on this form.
- This **Agent Authorization/Limited Power of Attorney Form** must be signed by the Participant and notarized in **Section 4**.
- This **Agent Authorization/Limited Power of Attorney Form** must also be signed by the Agent in **Section 2**.
- If there is anything about this form that you do not understand, you should seek legal advice.
- 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 **1.855.386.7827** 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**

 **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**

### WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT WHICH IS AUTHORIZED BY THE STATE OF TENNESSEE LAWS. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING.

**NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO ACT FOR YOU, WITHOUT YOUR FURTHER CONSENT, IN ANY WAY THAT COULD ACT FOR YOURSELF. ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.**

THE PURPOSE OF THIS LIMITED POWER OF ATTORNEY IS TO CONFER UPON AND GRANT TO THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO TRANSACT BUSINESS WITH THE TNSTARS COLLEGE SAVINGS 529 PROGRAM, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE TNSTARS COLLEGE SAVINGS 529 PROGRAM WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS. WHEN POWERS ARE EXERCISED, YOUR AGENT MUST ACT FOR YOUR

BENEFIT IN ACCORDANCE WITH THE PROVISIONS OF THIS LIMITED POWER OF ATTORNEY AND APPLICABLE LAW. UNTIL YOU REVOKE THIS LIMITED POWER OF ATTORNEY OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. IF YOU WISH TO REVOKE

THIS LIMITED POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO THE TNSTARS COLLEGE SAVINGS 529 PROGRAM AT THE ADDRESS SET FORTH ABOVE.

THIS LIMITED POWER OF ATTORNEY IS INTENDED TO COMPLY WITH TENNESSEE CODE §34-6-101 ET SEQ. IN THE EVENT OF A CONFLICT BETWEEN THIS LIMITED POWER OF ATTORNEY AND THE STATE OF TENNESSEE, STATE OF TENNESSEE LAW SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER APPLICABLE LAW NOT SPECIFIED IN THIS FORM.



# 1. Participant information

Last 4 Digits of Participant Social Security Number or Taxpayer Identification Number **(Required)**

Account Number *(List all that apply. To list more than three Accounts, use a separate sheet.)*

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

Permanent Street Address *(A P.O. box or rural route number is **not** acceptable.)*

City

State

Zip Code

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

# 2. Agent information

**Note:** If your Agent is a corporation or other entity, the entity must also complete and submit a TNStars College Savings 529 Program **Organization Resolution Form.**

**Relationship of Agent to Participant** *(Check one.)*

 Financial Advisor  Other *(Provide Social Security number or other Tax ID number.)* 

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

Financial Advisor Firm Name *(If applicable)*

Financial Advisor ID Number *(If applicable)*

Mailing Address

City

State

Zip Code

Telephone Number

BY SIGNING, ACCEPTING, OR ACTING UNDER THIS APPOINTMENT, I ASSUME THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT. I ACKNOWLEDGE THAT, AS AGENT, I ACT EXCLUSIVELY FOR THE BENEFIT OF THE PARTICIPANT. I FURTHER ACKNOWLEDGE THAT I OWE A DUTY OF LOYALTY TO AND PROTECTION OF THE BEST INTERESTS OF THE PARTICIPANT, A DUTY TO AVOID CONFLICTS OF INTEREST, TO USE ORDINARY SKILL AND PRUDENCE IN THE EXERCISE OF THESE DUTIES, AND A DUTY TO ADEQUATELY INFORM THE PARTICIPANT OF ACTIONS TAKEN IN EXERCISE OF THIS LIMITED POWER OF ATTORNEY. I AGREE TO DIRECT ANY BENEFITS DERIVED FROM THIS LIMITED POWER OF ATTORNEY TO THE PARTICIPANT.

Signature of Agent

Date *(mm/dd/yyyy)*

### 3. Authorization level

I, the Participant listed in **Section 1**, appoint the Agent listed in **Section 2**, as my Agent *(please initial the appropriate level of access that applies to the Account(s) listed in **Section 1**)*.

**Note:** If you have more than one Account and you wish to designate different levels of access for your different Account(s), complete a separate form for each Account.

  
Initial

**Level 1— Account Inquiry Access.** To obtain information about my Account(s), and receive duplicate Account statements from the TNStars College Savings 529 Program.\*

  
Initial

**Level 2— Account Inquiry Access, Contributions, and Exchanges.** To obtain information about my Account(s), and receive duplicate Account statements from the TNStars College Savings 529 Program. To contribute money to the above-referenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s).\*

  
Initial

**Level 3— Account Inquiry Access, Contributions, Exchanges, and Disbursements.** To obtain information about my Account(s), and receive duplicate Account statements from the TNStars College Savings 529 Program. To contribute money to the above-referenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s). To make qualified withdrawals, now or in the future, money from the above-referenced Account(s).\*

\* The authority in Level 1, 2, or 3 Access is limited to the level of authority specified above. My Agent shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
- Adding, deleting, or changing any banking information with respect to my Account(s),
- Changing the Beneficiary,
- Signing or e-signing an **Enrollment Application** or otherwise opening a new Account on my behalf, or
- Transferring assets to a new Account(s).

**Note:** Complete the **Power of Attorney Form** to designate an Investment Advisor, individual, corporation, or other entity as your Agent with **complete** authority to transact business with your TNStars College Savings 529 Program Account(s).

