TNSTARS®
COLLEGE SAVINGS 529 PROGRAM

TNStars College Savings 529 Program

Trusted Contact Person Application (Optional)

- By completing this application, you designate the person identified below as your Trusted Contact Person, and authorize the TNStars College Savings 529 Program and its present and future direct and indirect affiliates, successors and assigns the TNStars College Savings 529 Program to contact your Trusted Contact Person and disclose information about your Plan Account:
  - to address possible financial exploitation;
  - to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
  - as otherwise permitted by Financial Industry Regulatory Authority (FINRA) Rules 2165 and 4512.
- **This application does not create or give your Trusted Contact Person a power of attorney. Your Trusted Contact Person will not be able to access your Account or transfer assets to or from your Account.**
- Completion of this application is optional. A Trusted Contact Person must be at least eighteen (18) years of age. You may add, change or remove your Trusted Contact Person online or by using this application.
- Type in your information and print out the completed application, or print clearly, preferably in capital letters and black ink. Mail the application to the address listed. Do not staple.

Forms can be downloaded from our website at **tnstars.com**, or you can call us to order any form — or request assistance in completing this application — at **1.855.386.7827** Monday through Friday from 8 a.m. - 4:30 p.m. CT.

1.855.386.7827
Monday to Friday, 8 a.m. - 4:30 p.m. CT

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

Note: If you have not established an account, please complete and enclose an Enrollment Application.

☐☐☐☐☐☐☐☐☐
Account Number *(First nine digits)*

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

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

2 Action for Trusted Contact Person

☐ Add ☐ Remove ☐ Change

TN TRUSTED CONTACT

3 Trusted Contact Person Information

Name of Trusted Contact Person *(first, middle initial, last)*

Trusted Contact Person's Daytime Telephone Number

Trusted Contact Person's Mobile Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

City

State

Zip Code

Relationship to Participant.

☐ Advisor ☐ Attorney ☐ Family Member ☐ Friend ☐ Spouse ☐ Other

4 Signature — YOU MUST SIGN BELOW

By signing below, I hereby certify that:

- I authorize the TNStars College Savings 529 Program and its service providers to contact the Trusted Contact Person listed in **Section 3** of this application and/or to take any action indicated in **Section 2** of this application. I authorize the Plan and its service providers to disclose information to the Trusted Contact Person about my Plan Account(s) in the following circumstances: to address possible financial exploitation, to confirm the specifics of my current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 *(Financial Exploitation of Specified Adults)*. I certify that the Trusted Contact Person is at least eighteen (18) years of age.

SIGNATURE

Signature of Participant

Date *(mm/dd/yyyy*