

5. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all terms and conditions of the TNStars College Savings 529 Program Disclosure Brochure and understand the rules and regulations governing withdrawals from my TNStars College Savings 529 Program Account. I also certify that the information provided on this form is accurate and hereby instruct the TNStars College Savings 529 Program to distribute my Account as I have indicated.
- By signing below, I authorize the TNStars College Savings 529 Program or its designees to withdraw funds according to the instructions above.
- I understand that the earnings portion of Non-Qualified Withdrawals is subject to federal income tax and an additional 10% federal penalty tax, and may be subject to state income tax. I understand that Non-Qualified Withdrawals due to the death, disability, or scholarship awarded to the Beneficiary (up to the scholarship amount) may be subject to an additional 10% federal penalty tax. Further, I also understand that I am responsible for reporting the withdrawal on my income tax returns in the manner required by the IRS. Consult your tax professional for advice about the tax consequences of a withdrawal.
- I understand that if I took a state income tax deduction or received a credit on my state income taxes I will need to check with my home state to determine if my deduction or credit is subject to recapture.
- 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 an UGMA/UTMA Account, I further certify that I am the parent/guardian/custodian of the Account in question, and that this request is in the best interest of the Beneficiary.

SIGNATURE _____
 Signature of Participant

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 Date (mm/dd/yyyy)