TNSTARS® COLLEGE SAVINGS 529 PROGRAM

TNStars College Savings 529 Program

Withdrawal Request Form

- Use this form to request a full or partial Qualified or Non-Qualified Withdrawal from your TNStars College Savings 529 Program Account or an indirect rollover. You must submit a separate form for each type of withdrawal you are requesting. The earnings portion of Non-Qualified Withdrawals from your Account may be subject to federal income tax and an additional 10% federal penalty tax and may be subject to state and local income taxes. See the TNStars College Savings 529 Program Disclosure Brochure for more information.

  Note: You can also request a Qualified Withdrawal by telephone or online at **www.tnstars.com**.
- We are required to file IRS Form 1099-Q if you take a withdrawal from your TNStars College Savings 529 Program Account.
- A contribution must be invested with the TNStars College Savings 529 Program for a period of 21 calendar days prior to withdrawal.
- 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.

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

1. Account information

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Account Number

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

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

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

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

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

TNSTARS WITHDRAW

2. Reason for withdrawal *(Choose only **one** of the following options.)*

A. ☐ **Qualified Withdrawal to the Participant or Custodian.** My withdrawal will be used to pay for the Beneficiary's Qualified Higher Education Expenses, as defined in the Disclosure Brochure. *(You will receive a check at your address of record.)*

B. ☐ **Qualified Withdrawal to the Bank Account of the Participant or Custodian.** My withdrawal will be used to pay for the Beneficiary's Qualified Higher Education Expenses, as defined in the Disclosure Brochure. My withdrawal should be sent via Electronic Fund Transfer (EFT) using banking instructions on file with the TNStars College Savings 529 Program. *(You cannot change or add banking instructions at the same time of the withdrawal request via EFT.)*

C. ☐ **Qualified Withdrawal to the Beneficiary.** My withdrawal will be used to pay for the Beneficiary's Qualified Expenses. *(The Beneficiary will receive a check at the Beneficiary's address of record.)*

D. ☐ **Qualified Withdrawal to an eligible college or university.** *(Provide the exact school address below.)*

Name of School *(Complete only if the withdrawal is to be sent directly to the school.)*

Department / Office / Contact Name

Beneficiary's Student ID

Mailing Address

City | State | Zip Code —

E. ☐ **Indirect rollover.** I will invest my withdrawal in another 529 plan within the next 60 days. *(You will receive a check at your address of record.)*

F. ☐ **Non-Qualified Withdrawal to the Participant.** My withdrawal will not be used to pay for the Beneficiary's Qualified Expenses. *(You will receive a check at your address of record.)*

G. ☐ **Non-Qualified Withdrawal to the Beneficiary.** My withdrawal will not be used to pay for the Beneficiary's Qualified Expenses. *(The Beneficiary will receive a check at the Beneficiary's address of record.)*

3. Amount of withdrawal *(Choose one.)*

A. ☐ **Full balance.** Withdraw the entire amount held in all of the Investment Options in my Account, discontinue my Recurring Contributions *(if applicable)*, and close this Account.

Important: If you contribute to your Account through Payroll Direct Deposit, you must notify your employer to cancel these contributions.

B. ☐ **Partial amount of $** ☐☐☐,☐☐☐.☐☐.

Withdraw this amount proportionately from among my current Investment Options. If the amount you indicate exceeds the amount available, the TNStars College Savings 529 Program will liquidate the entire balance, discontinue your Recurring Contributions, and close your Account.

☐ **Partial amount as follows.**

Important: If the dollar amount you indicate for a particular Investment Option exceeds the amount available for withdrawal, we will liquidate the entire balance of that Investment Option.

Name of Investment Option	Dollar amount *(For partial amounts.)*	OR	Total balance *(Check if applicable.)*
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	$ ☐☐☐,☐☐☐.☐☐		☐
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	$ ☐☐☐,☐☐☐.☐☐		☐
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4. 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)*