



State of Tennessee
 Treasury Department
 College Savings 529 Program

P.O. Box 198801
 Nashville, TN 37219
 615-741-1502 (local)
 1-855-386-7827 (toll-free)
 615-401-6816 (fax)
 E-mail: TN.STARS@tn.gov
 Website: www.tnstars.com



Enrollment Application/Contract

Instructions

Print clearly in all CAPITAL LETTERS using blue or black ink. When requested, please color in circles completely. Please mail or fax this completed form and any required documents to the address above.

Please read the Plan Disclosure and Participant Agreement prior to investing. You can obtain a copy at www.tnstars.com.

If you have any questions, please call us at 615-741-1502 or toll-free at 1-855 3TN-STAR (1-855-386-7827), Monday through Friday from 8:00 a.m. to 4:30 p.m. Central Time.

1. Account Type

To help the government fight the funding of terrorism and money laundering activities, we are required, by federal law, to obtain, verify and record certain personal information that identifies each person prior to opening an account. This information includes the applicant's name, date of birth, address, Social Security number (SSN) or Tax Identification number (TIN).

If you are establishing an account using a Power of Attorney on behalf of an Account Owner, please call us at 1-855-386-7827 for instructions.

 Purchaser's Name *(first, middle initial, last)*

 Social Security Number

 Date of Birth *(mm/dd/yyyy)*

Male Female

U.S. Citizen/Resident Alien *(Non-resident aliens are not eligible to participate in the Plan.)*

 Street Address *(no P.O. Boxes)* City State Zip Code

 Daytime Phone Number Alternate Phone Number

 E-Mail Address *(See Section 8.)*

2. Designated Beneficiary Information

The Designated Beneficiary is the individual whose Qualified Higher Education Expenses will be paid from this Account.

Designated Beneficiary's Name *(first, middle initial, last)*

Social Security Number

Date of Birth *(mm/dd/yyyy)*

Relationship to Account Owner

Male Female

U.S. Citizen/Resident Alien *(Non-resident aliens are not eligible to participate in the Plan.)*

Check here if the address is the same as the Account Owner.

Street Address *(no P.O. Boxes)*

City

State

Zip Code

3. Purchaser Appointee

You may name a Purchaser Appointee for this Account. In the event of your death or disability, ownership of all assets in the Account will be transferred to the Purchaser Appointee. A Purchaser Appointee will assume all rights with respect to the Account that the previous Account Owner had. Enforceability of a Purchaser Appointee designation may vary by state. A transfer to a Purchaser Appointee may have tax consequences. Consult your tax professional for more information. I agree to notify my Purchaser of his/her status. I will indicate the Purchaser will be required to provide the TN Stars College Savings 529 Program with a copy of a death certificate in the case of the death of the Purchaser or an acceptable medical authorization or court order in the case of the incapacity of the Purchaser and such other information as the TN Stars College Savings 529 Program requires prior to taking any action regarding the account.

Purchaser Appointee's Name *(first, middle initial, last)*

Street Address *(no P.O. Boxes)*

City

State

Zip Code

Social Security Number

Date of Birth *(mm/dd/yyyy)*

Male Female

U.S. Citizen/Resident Alien *(Non-resident aliens are not eligible to participate in the Plan.)*

4. Investment Option Selection

Indicate, as a percentage, how you would like your contribution to be deposited into the Age-Based Option and/or the Self-Selected Investment Options.

Investment Options	Allocation
Age-Based Portfolios (One Age-Based Portfolio can be chosen per account.)	
0 - 4	%
5 - 10	%
11 - 14	%
15 - 17	%
18 +	%
Self-Selected Portfolios	
TN DFA Enhanced U.S. Large Company Portfolio Institutional Class	%
TN Vanguard 500 Index Signal Shares	%
TN Maxim American Century Growth Fund	%
TN PRIMECAP Odyssey Aggressive Growth Fund	%
TN Vanguard Mid-Cap Growth Investor Shares	%
TN DFA Large-Cap International Portfolio Institutional Class	%
TN DFA Inflation-Protected Securities Portfolio Institutional Class	%
TN Vanguard Total Bond Market Signal Shares	%
TN Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	%
TN Vanguard Intermediate-Term Treasury Admiral Shares	%
TN Vanguard Wellington Investor Shares	%
TN Vanguard Life Strategy Conservative Growth Fund	%
TN Vanguard Life Strategy Income Fund	%
First TN Interest Bearing Account Option	%
Total	100%

All future contributions will be allocated in the same manner as your initial investment selection shown above. To make any changes, please sign on to www.tnstars.com or call a customer service representative at 1-855-386-7827.

5. Initial Purchase

The Initial Contribution can be made through any of the following options. The minimum Initial Contribution to an Account is \$25 per investment option.

- Check \$ _____
Checks should be made payable to "TN Stars College Savings 529 Program". Third party checks are subject to review. We do not accept money orders.
- One-Time Electronic Funds Transfer \$ _____
A one-time electronic transfer from your bank account via Automated Clearing House (ACH). *(Complete banking instructions in Section 6.)*
- Automatic Investment Plan (AIP/ACH) - Scheduled, recurring purchases from your bank account. A minimum of \$25 per investment option is required. *(Complete banking instructions in Section 6.)*

Amount: \$ _____

- Weekly Monthly Twice a Month
- Quarterly Semi-Annually Annually

Purchase on the _____ day of the month, beginning _____, 20_____.
(If not provided, the purchase will occur on the 10th day of the month.)

- Payroll Deduction - Enclose an Employee Payroll Deduction form. You can obtain this form by calling 1-855-386-7827 or by downloading the form from our website at www.tnstars.com.

Before selecting the Payroll Deduction option, you should verify that your employer is currently processing contributions through payroll direct deposit. If your employer is not currently set up to process contributions through payroll direct deposit, you should confirm your employer offers such a service and is able to meet the TN Stars College Savings 529 Program's operational and administrative requirement. If your employer is interested in establishing the payroll deduction option, please have the appropriate personnel fill out the Employer Authorization form, which can be downloaded from our website at www.tnstars.com or by calling our office at 1-855-386-7827.

- Rollover from Another Section 529 Account - Enclose a TN Stars College Savings 529 Program Rollover form. You can obtain this form by calling 1-855-386-7827 or by downloading the form from our website at www.tnstars.com.

6. Bank Account Information

Your bank account may be debited approximately two (2) business days prior to the date(s) you select or the next business day following the weekend or holiday. Please allow 10 days to process debits from your account. Please choose which type of account you will be debiting:

- Checking *(Please include a voided check. Do not tape or staple it to this application.)*
- Savings *(Please include a preprinted savings slip. Do not tape or staple it to this application. Please ensure that the ABA Routing Number is correct.)*

I authorize the TN Stars College Savings 529 Program to debit and/or credit my bank account for purchases and redemptions of units of the portfolio(s) specified. I understand that if I redeem units that have been purchased through a direct link from my bank account to my Account within the last 60 days, my redemption proceeds of those units may be delayed up to 60 days to determine that the purchase payment has cleared the bank. I agree that the TN Stars College Savings 529 Program is purchasing and redeeming such units voluntarily at my request and shall not be liable for any delay in processing or failure to process such purchases and/or redemptions. I understand that this service does not constitute an offer to sell units of any portfolio.

If I change banks, I agree to notify the TN Stars College Savings 529 Program promptly in writing. I agree to give adequate notice (normally 15 days) to terminate this service. I understand that if a transaction cannot be made because of insufficient funds or unit balance or because either account has been closed, this service will be cancelled and I agree to promptly return any amount overpaid to me from a redemption of units purchased with that payment. I understand that any of the features and privileges described herein may be modified, suspended or cancelled by the TN Stars College Savings 529 Program or the plan at any time without notice and that all services described herein are subject to the terms of the Plan Disclosure and Participant Agreement, which I acknowledge I have received and read.

Please print and sign exactly as your name(s) appears on your bank account.

Name of Bank Account Owner

Name of Bank Account Owner *(if applicable)*

Signature of Bank Account Owner

Signature of Bank Account Owner *(if applicable)*

7. Account Profile Information

The following information is being requested for internal purposes. If you have any questions regarding our privacy policy, call 1-855-386-7827 or visit our website at www.tnstars.com.

1. How did you hear about the TN Stars College Savings 529 Program? *(You may select more than one.)*

- | | | |
|-------------------------------------|--|--|
| <input type="radio"/> Direct Mail | <input type="radio"/> Print Ad | <input type="radio"/> Program Representative/Event |
| <input type="radio"/> E-Mail | <input type="radio"/> News Story | <input type="radio"/> Friend, Family or Colleague |
| <input type="radio"/> TV Commercial | <input type="radio"/> Online Advertising | <input type="radio"/> Financial Advisor |
| <input type="radio"/> Radio | <input type="radio"/> Internet Search | <input type="radio"/> Employer |
| <input type="radio"/> Other _____ | | |

2. What aspect(s) of the TN Stars College Savings 529 Program are most appealing to you?

- | | | |
|--------------------------------------|---------------------------------------|---|
| <input type="radio"/> Tax Advantages | <input type="radio"/> Estate Planning | <input type="radio"/> Professional Money Management |
| <input type="radio"/> Flexibility | <input type="radio"/> Affordability | <input type="radio"/> Incentives |

3. Indicate your level of education. *(Select highest level completed.)*

- | | | |
|--|---|------------------------------------|
| <input type="radio"/> High School | <input type="radio"/> Bachelor's Degree | <input type="radio"/> Doctorate |
| <input type="radio"/> Some College | <input type="radio"/> Master's Degree | <input type="radio"/> Professional |
| <input type="radio"/> Associate's Degree | | |

4. Annual Household Income

- | | | |
|---|---|---|
| <input type="radio"/> \$0 - \$24,999 | <input type="radio"/> \$40,000 - \$74,999 | <input type="radio"/> \$100,000 - \$249,999 |
| <input type="radio"/> \$25,000 - \$39,999 | <input type="radio"/> \$75,000 - \$99,999 | <input type="radio"/> Over \$250,000 |

5. Indicate your primary source of funding for this account.

- | | | |
|---|--|-----------------------------------|
| <input type="radio"/> Employment Earnings | <input type="radio"/> Tax Refund or Credits | <input type="radio"/> Other _____ |
| <input type="radio"/> Gift or Inheritance | <input type="radio"/> Rollover from Another Plan | |

6. Indicate the purchaser's ethnicity.

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="radio"/> White | <input type="radio"/> Hispanic/Latino | <input type="radio"/> Native American |
| <input type="radio"/> African American | <input type="radio"/> Asian American | <input type="radio"/> Other _____ |

7. Indicate the beneficiary's ethnicity.

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="radio"/> White | <input type="radio"/> Hispanic/Latino | <input type="radio"/> Native American |
| <input type="radio"/> African American | <input type="radio"/> Asian American | <input type="radio"/> Other _____ |

8. eDelivery*

- Select this option to sign up to receive any of the following information via electronic mail.

I consent to the delivery of the documents that are governed under the TN Stars College Savings 529 Program's eDelivery services. I understand that when a new document is available, I will receive an e-mail notification to the e-mail address provided. The e-mail will include directions to visit the on-line customer self-service portion on the TN Stars College Savings 529 Program website, where it can be viewed and downloaded. This consent will remain effective until I revoke it.

Statement and Confirms

Email Address: _____

*eDelivery is available only if your name appears in your account registration. You may revoke the consent of eDelivery and resume receiving paper documents via U.S. postal mail at any time.

9. Acknowledge and Consent

This Application/Contract is subject to, and incorporates by reference, the Statute pertaining to the Program, the Program Rules, Disclosure Document and Participation Agreements and the operating procedures and policies adopted by the TN Stars College Savings 529 Program. Any amendments to the statute or regulations affecting the program shall automatically amend this Application/Contract and any changes to operating procedures and policies, including investment option products and fees, shall amend this Application/Contract.

By signing this Application/Contract, I agree to the terms and conditions set forth in the Participation Agreement contained in the Disclosure Booklet, I certify that I am the Purchaser and I have read this Application/Contract, the Disclosure Booklet and Participation Agreement and I understand and accept the terms and conditions set forth in these documents.

I understand that these documents, along with the Statute and rules governing the Program, are the entire agreement between the TN Stars College Savings 529 Program and me. I agree to be bound by the terms and conditions of these documents. I further certify that the information that I have provided on the Application/Contract is true and correct. If any of the above information changes, I agree to notify the Program in writing of the changes.

I certify that I am a U.S. Citizen/Resident Alien *(Non-resident aliens are not eligible to participate in the Plan.)*

Signature

Date

Mail initial deposits and future purchases to: **TN Stars College Savings 529 Program**
P.O. Box 198801
Nashville, TN 37219