

Tennessee Investments Preparing Scholars

A Program of the Tennessee Department of Treasury
P.O. Box 55597 ◆ Boston, MA ◆ 02205-5597

Email: tn.stars@tn.gov ◆ Website: www.tnstars.com/tips



WITHDRAWAL OF FUNDS

- Complete this form to request a withdrawal from your TIPS account.
- Your beneficiary will not be eligible for a matching grant for contributions made in the same qualifying period that a withdrawal is taken from his/her contribution account.
- For payment to you for qualified education expenses of the beneficiary, provide copies of your receipts when requesting a withdrawal. For payment directly to the educational institution, a copy of the invoice from the institution is required.
- If you have any questions, please contact TIPS at 615-741-1502 or toll-free at 1-855-386-7827, Monday through Friday, from 8:00 a.m. to 4:30 p.m. (Central Time).
- Print clearly in all CAPITAL LETTERS (one letter per box). Please mail or fax this completed form and any required documents to one of the addresses below. Do not staple.

For Regular Mail

Tennessee Investments Preparing Scholars P.O. Box 55597 Boston, MA 02205-5597

Fax: 615-401-6816

For Overnight or Registered Mail

Tennessee Investments Preparing Scholars 95 Wells Ave, Suite 155 Newton, MA 02459-3204

1. Account Information		
Account Owner:		TIPS Account Number
First Name	MI	Last Name
Telephone Number (daytime)		
Designated Beneficiary:		
First Name	MI	Last Name
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2. Withdrawai Information			
Enclose copies of your receipts for the beneficiary's education expenses that you have paid. If you are requesting the withdrawal be paid directly to an educational institution, please submit a copy of the bill from the institution. The amount of the withdrawal cannot exceed the amount stated on the receipts or bill. Please allow 7-10 business days for receipt of payment.			
\$ Amount of Withdrawal			
Payable to the Account Owner (You will receive a check at your address on record.)			
Payable to the Designated Beneficiary (The beneficiary will receive a check at his/her address on record.)			
Payable to the Educational Institution (Checks are reported under the beneficiary's Social Security number.)			
Student ID Number (required if payable to an institution) Due Date (if applicable)			
Student ID Number (required if payable to an institution) Due Date (if applicable)			
Name of Educational Institution			
Department, Office or Contact Name			
L			
City State Zip Code			
3. Signature			
Please sign your name exactly as it appears on your account.			
I certify that the expenses in the enclosed receipts or invoices are for qualifed higher education expenses at an eligible educational institution.			
Account Owner's Signature Date			