



Tennessee Investments Preparing Scholars

A Program of the State of Tennessee Treasury Department

P.O. Box 55597 ♦ Boston, MA 02205-5597

Local: 615-741-1502 ♦ Toll-Free: 1-855-386-7827 ♦ Fax: 615-401-6816

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

CHANGE OF BENEFICIARY

Print clearly in all CAPITAL LETTERS (one letter per box), using blue or black ink. Please mail or fax this completed form and any required documents to the address above.

If you have any questions, please call us 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).



1. Current Account Information - (All information is required.)

Account Number grid

TNStars Account Number

Account Owner:

First Name grid

First Name

MI grid

MI

Last Name grid

Last Name

Street Address grid

Street Address

Apartment / Unit grid

Apartment / Unit

City grid

City

State grid

State

Zip Code grid

Zip Code

Current Designated Beneficiary:

First Name grid

First Name

MI grid

MI

Last Name grid

Last Name

Street Address grid

Street Address

Apartment / Unit grid

Apartment / Unit

City grid

City

State grid

State

Zip Code grid

Zip Code

2. Change Designated Beneficiary

Any new Designated Beneficiary must be a "member of the family" of your current Designated Beneficiary, as defined in the Plan Disclosure and Participation Agreement. The Beneficiary may only be changed once.

New Designated Beneficiary:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name

<input type="text"/>	<input type="text"/>
Street Address	Apartment / Unit

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mmddyyyy)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Male	Female	Relationship to Account Owner

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

3. Signature

I certify that the information I have provided and all future information I will provide with respect to my TN Stars College Savings 529 Program account is true, complete and correct. I have received, read and agree to the terms set forth in the Plan Disclosure and Participation Agreement.

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.

Account Owner's Signature

Date

4. Before You Mail, Have You ...

- Entered all required information in Section 1?
- Signed this form in Section 3?