



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)
Email: TN.STARS@tn.gov
Website: www.tnstars.com



Limited Power of Attorney Authorization

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.

Use this online form to designate an individual or entity (including, but not limited to a registered investment advisor, registered broker/dealer or other investment professional) to act as your agent with limited authority to obtain information about and transact business within your selected TNStars account(s) as identified in Section 1. Based on the level of authorization selected, the agent may be able to transact business within your TNStars account or accounts, which includes, but is not limited to making investment decisions, contributions and withdrawals without advance notice to you or approval by you. You may revoke this Limited Power of Attorney in the future by submitting this form to TNStars and notifying the agent in writing. This Limited Power of Attorney Authorization shall continue in effect until it is revoked in writing by the Participant; the Participant dies; the Participant submits a new Limited Power of Attorney Authorization; or a Court terminates the Limited Power of Attorney Authorization. The State of Tennessee; the Tennessee Treasury Department; the Tennessee State Treasurer; the Board of Trustees of the Baccalaureate Education System Trust Fund Program and TNStars §529 College Savings Plan cannot and do not provide legal, financial, or tax advice. Please consult your legal adviser with any questions regarding this form. The powers granted are subject to Tennessee Law.

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. Current Account Information

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

Social Security Number

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

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

City

State

Zip Code

Daytime Phone Number

Alternate Phone Number

Email Address

2. Beneficiary Information

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

Account Number

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

Social Security Number or U.S. Taxpayer ID Number

Account Number

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

Social Security Number or U.S. Taxpayer ID Number

Account Number

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

Social Security Number or U.S. Taxpayer ID Number

Account Number

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

Social Security Number or U.S. Taxpayer ID Number

3. Agent Information

Relationship of Agent to Participant:

- ☐ Broker Dealer
- ☐ Registered Representative (broker/dealer)
- ☐ Financial Planner
- ☐ Other: _____

Agent's Name

Agent's Social Security Number or Tax ID Number

Agent's Professional Firm Name (if applicable)

Agent's Professional ID Number (if applicable)

Agent's Street Address

City

State

Zip Code

Agent's Daytime Phone Number

Agent's Email Address

To the extent that I undertake to act under this Power of Attorney, I assume fiduciary and other legal responsibilities of an agent. I acknowledge that, as an agent, I work exclusively for the benefit of the participant. I further acknowledge that I owe a duty of loyalty to and protection of the best interests of the participant, a duty to avoid conflicts of interest, a duty to use ordinary skill and prudence in the exercise of these duties and a duty to adequately inform the participant of actions taken in the exercise of this Power of Attorney. I agree to direct any benefits derived from this Limited Power of Attorney Authorization to the participant.

Agent's Signature

Date

4. Authorization Description

I, the Participant listed in Section 1, appoint the Agent listed in Section 3 as my agent. I authorize the Agent to have the following authority or authorities relative to my account or accounts listed in this Limited Power of Attorney Authorization:

- ☐ View only (which includes access to account statements); or
- ☐ View, maintain and transact, which includes, but is not limited to, changing the address of record on my account or accounts; changing my account beneficiary/beneficiaries; opening an account on my behalf; transferring assets to my account or accounts; contributing to my account or accounts; changing investment options for my account or accounts; and making qualified withdrawals from my account or accounts.
- ☐ Revoke all Limited Power of Attorney Authorization for this Agent.

5. Signature

This Limited Power of Attorney Authorization is effective immediately and will continue in effect until it is revoked or terminated by any of the following actions:

- I, the Participant execute a new Limited Power of Attorney Authorization form for the account or accounts selected in section 1 of this form and submits the new authorization to TNStars;
- I, the Participant revoke the Limited Power of Attorney Authorization in writing and submits the revocation to TNStars;
- The account or accounts for which this Limited Power of Attorney Authorization is applicable is/are liquidated or terminated; or
- Court determination.

I agree that any third party who receives this document may act under it. Revocation or termination of this Limited Power of Attorney due to my death, court determination or any other reason is not effective as to a third party until the third party and TNStars receives written notice of the revocation or termination and the third party and TNStars has had a reasonable amount of time to act on such notice. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless the State of Tennessee; the Tennessee Treasury Department; the Tennessee State Treasurer; the Tennessee Baccalaureate Education System Trust Fund Program; the TNStars™ 529 College Savings Plan; the Program Manager for the TNStars™ 529 College Savings Plan, or its authorized agents and any of their respective affiliates, agents and employees, and any third party acting hereunder in connection with the TNStars™ 529 College Savings Plan, for any claims that arise against the third party or the State of Tennessee; the Tennessee Treasury Department; the Tennessee State Treasurer; the Tennessee Baccalaureate Education System Trust Fund Program; the TNStars™ 529 College Savings Plan; the Program Manager for the TNStars™ 529 College Savings Plan, or its authorized agents, and any of their respective affiliates, agents and employees because of reliance on this Limited Power of Attorney Authorization.

CONSULT AN ATTORNEY BEFORE SIGNING IF THERE ARE QUESTIONS ABOUT THIS FORM.

Participant's Signature

Date