Tennessee Investments Preparing Scholars

A Program of the Tennessee Department of Treasury

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

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

For Overnight or Registered Mail

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

1. Account Information

TIPS Account Number

Account Owner:

First Name MI Last Name

Telephone Number *(daytime)*

Designated Beneficiary:

First Name MI Last Name

2. Withdrawal 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)* __ – __ – ____

Name of Educational Institution

Department, Office or Contact Name

Street Address

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