

# Disability Certification Form



TEXAS TUITION  
PROMISE FUND™  
A Prepaid Plan as Smart as You Are

## Instructions

Please use this form to provide Physician's certification if you are canceling your Texas Tuition Promise Fund® account due to the total and permanent disability of the designated Beneficiary.

**This form must be submitted with the Refund Request Form. If there are multiple Accounts for the same Designated Beneficiary, a copy of this form can be attached to subsequent refund requests. Please retain a copy of this completed form for your records.**

Forms are available on our website at [www.texastuitionpromisefund.com](http://www.texastuitionpromisefund.com), or by calling a Customer Service Representative at **1.800.445.GRAD (4723), option #5**, Monday through Friday from 8am to 6pm Central Time.

Return this form and any other required documents to:  
Texas Tuition Promise Fund  
P.O. Box 44305  
Jacksonville, FL 32231-4305

## Important Information

Per IRS Regulations, the cancellation of a Texas Tuition Promise Fund® (TTPF) contract due to the disability of the Designated Beneficiary may be made without paying a 10% additional federal tax penalty if the Beneficiary is "totally and permanently disabled." A Beneficiary is considered "totally and permanently disabled" if he or she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. This form must be used to certify such disability.

TTPF makes no disability determinations on behalf of the Internal Revenue Service (IRS). Therefore, if the IRS determines that the Beneficiary's disability does not exempt you from the 10% penalty on the earnings, TTPF is not liable for reimbursement or payment of any penalty assessed by the IRS.

## Section 1. | Designated Beneficiary

This section is to be **completed by the Designated Beneficiary** or his/her legal representative if the Beneficiary is a minor or is unable to do so due to his or her disability.

\_\_\_\_\_  
Name of Beneficiary (first, middle, last)

\_\_\_\_\_  
Social Security Number or Tax ID Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(       )  
\_\_\_\_\_  
Telephone Number

(       )  
\_\_\_\_\_  
Alternate Phone Number

**I certify that I have read and understand the definition of total and permanent disability above and that I meet the criteria of having total and permanent disability. I further certify that I have read and understand and agree with Section 2 of this form.**

\_\_\_\_\_  
Beneficiary's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Relationship, if not Beneficiary

*Continued on next page*

## Section 2. | Physician Information and Certification

This section is to be **completed by the Certifying Physician**. As the Certifying Physician, you are being asked to complete and sign this form to certify that the Designated Beneficiary is totally and permanently disabled. You may complete this form for the Designated Beneficiary only if you are a doctor of medicine or a doctor of osteopathy and are legally authorized to practice in a state of the United States. Sign the certification only if the Designated Beneficiary's condition meets the above definition of total and permanent disability.

\_\_\_\_\_  
Physician Name (first, middle, last)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(       )

\_\_\_\_\_  
Business Phone

Is the Designated Beneficiary unable to attend any post-secondary (college level) educational institution because he or she is totally and permanently disabled?

Yes

No

### Physician Certification of Designated Beneficiary's Total and Permanent Disability:

I am (check one)  doctor of medicine  doctor of osteopathy

I am legally authorized to practice in the State of \_\_\_\_\_ and my professional license number issued by the State is \_\_\_\_\_.

**I hereby certify that the information contained in Section 2 of this form is, to the best of my knowledge and belief, true and correct.**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

The Texas Tuition Promise Fund<sup>SM</sup> is established and maintained by the Texas Prepaid Higher Education Tuition Board. NorthStar Financial Services Group, LLC ("NorthStar") is the plan manager and the Texas Tuition Promise Fund is distributed by Northern Lights Distributors, LLC and administered by Gemini Fund Services, LLC. Northern Lights Distributors, LLC and Gemini Fund Services, LLC are subcontractors to NorthStar and are otherwise not affiliated with NorthStar. Some states offer favorable tax treatment to their residents only if they participate in the state's own plan. Non-residents of Texas should consider whether their state offers its residents a 529 plan with alternative tax advantages and should consult their tax advisor. The Contracts are not deposits or other obligations of any depository institution. Neither a Contract nor any return paid with a refund is insured or guaranteed by the FDIC, the state of Texas, the Texas Prepaid Higher Education Tuition Board, any other state or federal governmental agency or NorthStar or its subsidiaries or affiliates. The Contracts have not been registered with the U.S. Securities and Exchange Commission or with any state.

**Purchasers should carefully consider the risks, administrative fees, service and other charges and expenses associated with the Contracts, including plan termination and decreased refund or transfer value. The Plan Description and Master Agreement contain this and other information about the Plan, and may be obtained by visiting [www.texas tuition promise fund.com](http://www.texas tuition promise fund.com) or calling 1.800.445.GRAD (4723), option #5. Purchasers should read these documents carefully before purchasing a Contract.**

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