

# Louisiana's START Saving Program (A "529" College Savings Plan) Account Application

**If you need assistance completing this form, call 1-800-259-5626**

**Instructions:** A Natural Person may open an account by mailing this completed application to the Louisiana START Saving Program, P.O. Box 91271, Baton Rouge, LA 70821-9271, or by completing the on-line version at [www.startsaving.la.gov](http://www.startsaving.la.gov). If you submit this paper application, you should include a check or money order for at least \$10 payable to "START" with your application. You may also authorize an electronic funds transfer or payroll deduction (See Section F). Your first deposit must be at least \$10 and must be made within 180 days from the date on the letter of notification of approval of the account. **DO NOT** complete this form if you are a Legal Entity or if you are a Natural Person donating monies to an unrelated and needy Beneficiary. **Type or print in ink.**

**Section A: TO BE COMPLETED BY A NATURAL PERSON OPENING THE ACCOUNT.**

1. Ms. Mrs. Mr. (circle one) Last Name: _____ First Name: _____ MI: _____ Suffix: _____				2. Social Security Number: _____	
<i>(Name must be exactly as recorded on your most recent Louisiana or federal tax return)</i>					
3. Permanent Mailing Address: Number and Street (Include Apartment Number) _____ City _____ State _____ Zip Code _____					
4. U.S. Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Daytime Telephone: _____ <small>Area Code Number</small>		6. Evening Telephone: _____ <small>Area Code Number</small>	
7. E-mail Address: _____				8. The Account Owner is a Permanent Resident of What State? _____ Parish/County _____	
				9. Date of Birth (Month/Day/Year) _____	

**Section B: DESIGNATE A BENEFICIARY:** Provide information about the student who will receive benefits from this account.

10. Last Name: _____ First Name: _____ MI: _____ Suffix: _____				11. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
12. Social Security Number: _____			13. Date of Birth (Month/Day/Year): _____		
14. Permanent Mailing Address: Number and Street (Include Apartment Number) _____ City _____ State _____ Zip Code _____					
15. U.S. Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			16. The Beneficiary is a Permanent Resident of What State? _____ Parish/County _____		
17. Relationship of Account Owner to Beneficiary: <input type="checkbox"/> A. Parent, Grandparent or Custodian <input type="checkbox"/> B. Other Family Member _____ (Indicate Relationship) <input type="checkbox"/> C. Self (Qualifies as an Independent Student) <input type="checkbox"/> D. Not Related					

**Section C: SELECT A POSTSECONDARY INSTITUTION:** Identify the school the Beneficiary is most likely to attend. If this item is left blank, attendance at the highest cost public institution in Louisiana will be assumed.

18. Name of School: _____ City/State: _____		19. Projected Date of First Enrollment (Month/Year): _____
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**Section D: DESIGNATE A SUCCESSOR OWNER:** In the event of my death, I designate the following named person to be the owner of the account.

20. Beneficiary Named In Section B <input type="checkbox"/>		Other Person Described Below <input type="checkbox"/>	
Name: _____		Social Security Number: _____ Date of Birth: _____	
Permanent Mailing Address: Number, Street, Apartment Number: _____			
City: _____		State: _____ Zip Code: _____ Telephone Number: _____	
E-mail Address: _____			

**Section E: ALTERNATE SUCCESSOR OWNER:** In the event the Successor Owner designated above should predecease the Account Owner, the person listed below shall become the Successor Owner:

21. Name: _____		Social Security Number: _____		Date of Birth: _____	
Permanent Mailing Address: Number, Street, Apartment Number: _____					
City: _____		State: _____		Zip Code: _____ Telephone Number: _____	

**Section F: SELECT A METHOD OF MAKING DEPOSITS:** Mark all options that may apply.

22.  Electronic Funds Transfer from Owner's Account  Direct Payments  Payroll Deduction

If you have chosen the Direct Payments Option, deposits should be mailed to the START Saving Program, Post Office Box 91271, Baton Rouge, LA 70821-9271. If you have chosen Electronic Funds Transfer or Payroll Deduction, complete the appropriate form, which may be downloaded at [www.startsaving.la.gov](http://www.startsaving.la.gov) or obtained from the START Saving Program office. If you have chosen Payroll Deduction and your employer is not listed on the form, we will contact your employer to set up payroll deduction. To activate your account before your payroll deductions start, send a check or money order payable to "START".

**Section G: SELECT INVESTMENT(S) FUNDS:** Investment funds and applicable fees are fully explained in the START Disclosure Booklet, available upon request from the START Saving Program or on our Web site at [www.startsaving.la.gov](http://www.startsaving.la.gov). You must thoroughly review the START Disclosure Booklet prior to selecting your investment fund. If you do not select a fund(s), all deposits will be placed in the Louisiana Principal Protection Fund. In accordance with federal regulations, the investment fund(s) for future deposits may be selected at the time of the deposit, but the investment fund(s) for monies in an existing account may be changed twice per calendar year. Choose the fund(s) in which your deposits will be placed. **You may select only ONE Age Based Track Fund.** If more than one fund is selected, indicate the percentage of the deposit for each fund. The percentage must be a whole number (Examples: 10,15, 25, etc.) and the total percentage for all funds must total 100%.

23. Investment Funds

- |  |  |
|--|--|
| <input type="checkbox"/> Louisiana Principal Protection Fund _____%                              | <input type="checkbox"/> Vanguard Institutional Total Stock Market Index Fund (Institutional Plus) (Equity) _____% |
| <input type="checkbox"/> Age-Based Moderate Track Fund (Equity) _____%                           | <input type="checkbox"/> Vanguard Total International Stock Index Fund (Institutional Shares) (Equity) _____%      |
| <input type="checkbox"/> Age-Based Growth Track Fund (Equity) _____%                             | <input type="checkbox"/> Vanguard Small-Cap Index Fund (Admiral Shares) (Equity) _____%                            |
| <input type="checkbox"/> Age-Based Aggressive Track Fund (Equity) _____%                         | <input type="checkbox"/> Vanguard Mid-Cap Index Fund (Admiral Shares) (Equity) _____%                              |
| <input type="checkbox"/> Vanguard Total World Stock Index Fund (Investor Shares) (Equity) _____% | <input type="checkbox"/> Vanguard Large-Cap Index Fund (Admiral Shares) (Equity) _____%                            |
- Total \_\_\_\_\_%  
(Must equal 100%)

**Section H: REFUND RECIPIENT:** In the event a refund must be issued by the START Saving Program, designate the person who will receive the refund. The Refund Recipient must be either the Account Owner or the Beneficiary.

24.  Yourself (the Account Owner)  Beneficiary Named in Section B

**Section I: How did you first hear of the START Saving Program?**

- |                        |                                |                    |                            |
|------------------------|--------------------------------|--------------------|----------------------------|
| 25. A. TV              | B. Radio                       | C. Newspaper       | D. START/LOSFA Publication |
| E. Other Publication   | F. School Contact              | G. College Contact | H. Day Care/Nursery        |
| I. Hospital/Dr. Office | J. Financial Institution _____ |                    |                            |
| K. Word of Mouth       | L. Other _____                 |                    |                            |

**Section J: OPTIONAL RESPONSES:** The following questions are OPTIONAL. They will assist the administering agency in statistical analysis and will not be used for any other purpose.

26. Account Owner's Ethnicity: (Mark Only One) :  Hispanic or Latino  Not Hispanic or Latino  
Race: (Mark all that apply):  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White
27. Beneficiary's Ethnicity: (Mark Only One) :  Hispanic or Latino  Non-Hispanic or Latino  
Race: (Mark all that apply):  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

**Section K: GOVERNING LAWS AND NOTICES & ACCOUNT OWNER'S CERTIFICATION**

The terms of the Participation Agreement will be interpreted in accordance with applicable federal and state law and the Louisiana Tuition Trust Authority (LATTA) rules and regulations. If any provision of the Agreement is determined to be unenforceable, the remaining provisions shall remain in full force and effect. I understand and agree that: If the funds are not used to meet the Qualified Higher Education Expenses of the Beneficiary, there may be tax consequences; the assets of the LATTA reserved for payment of the obligations of the LATTA pursuant to the Participation Agreement shall be placed in the Louisiana Tuition and Savings Fund (the "Fund"); any claim filed by an Account Owner or Beneficiary against the LATTA pursuant to the Participation Agreement shall be made solely against the assets of the Fund; no Account Owner or Beneficiary of an Education Savings Account shall have any claim against the State General Fund or other funds or revenues of the State of Louisiana, or against the funds of any postsecondary education institution; the LATTA guarantees payment of the redemption value of a START Saving Program Account for amounts invested in the Louisiana Principal Protection Fund; the LATTA does not guarantee any investment in equities; the LATTA reserves the right to amend the rules regulating the START Saving Program in accordance with the Louisiana Administrative Procedure Act; any amendments to applicable state or federal statutes and/or regulations shall automatically amend the terms and conditions of the Participation Agreement; and any notice required to be given to the Account Owner or Beneficiary will be effective if mailed by first class mail (or e-mail if I have opted for electronic correspondence) to the latest address I have provided LATTA.

**Account Owner's Certification and Authorization**

I, meaning the Account Owner named in Section A, certify that I am of full legal age and that the information I have provided in this Application is true, complete and correct to the best of my knowledge and belief and is made in good faith. I agree to be bound by the statutes, regulations and rules governing the START Saving Program. I have read and understand the START Disclosure Booklet and the terms and conditions incorporated into the Account Participation Agreement. I authorize the LATTA, or its agents, to access my state and federal income tax returns and to use information gained thereby to verify information I have provided in this Application and to verify my federal adjusted gross income for the purpose of determining eligibility for Earnings Enhancements. I further authorize the LATTA to release information pertaining to this agreement but only to those agencies or individuals that the LATTA determines to be essential to effectuate the purpose of this agreement.

Owner: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name) (Signature)

**OFFICE USE ONLY:** Account Number Assigned: \_\_\_\_\_ Date: \_\_\_\_\_