

**LOUISIANA'S START SAVING PROGRAM and
LOUISIANA'S GEAR UP PROGRAM**

REQUEST FOR DISBURSEMENT TO PAY QUALIFIED HIGHER EDUCATION EXPENSES

START Saving Program
PO Box 91271, Baton Rouge, LA 70821-9271
Internet: www.startsaving.la.gov
Phone: 1-800-259-5626, Ext. 1012
Fax: (225) 612-6497

Louisiana GEAR UP
P.O. Box 3677, Baton Rouge, LA 70821
Internet: www.lagearup.org
Phone: (225) 219-0690
Fax: (225) 219-0688

INSTRUCTIONS: Complete this form if you are the Beneficiary/Student requesting a disbursement from your Louisiana GEAR UP account to pay the Qualified Higher Education Expenses (QHEE) for your Educational Term at the school you are attending. QHEE allowed under I.R.C. §529 that are required for your enrollment in and attendance at an Eligible Educational Institution are: (i) tuition; (ii) fees; (iii) the cost of books, supplies and equipment; (iv) certain costs of room and board for Beneficiaries enrolled on at least a half-time basis; and (v) expenses for "special needs services" for a "special needs" Beneficiary. A separate disbursement form must be completed for each Educational Term for which you are enrolled. Please PRINT neatly in ink and complete all sections.

SECTION A – GEAR UP/START ACCOUNT FROM WHICH DISBURSEMENT IS TO BE MADE

Louisiana GEAR UP START Account Number: _____

Indicate whether you would like to receive communications about your account via text messaging: YES NO

Beneficiary's Name: _____ Social Security No.: _____

Current Address: _____

Permanent Address, if different: _____

** The Beneficiary/Student should promptly inform the START Saving Program upon any address change.*

Home Telephone number: _____ Mobile Telephone number: _____

Primary E-mail address: _____ Secondary E-mail address (optional): _____

SECTION B - ABOUT THE DISBURSEMENT

Each disbursement must be at least \$250.00, or the remaining balance in the account. A disbursement for QHEE cannot exceed the Current Value of the account or the total QHEE for the requested Educational Term, whichever is less. The funds must be used to pay QHEE. Complete the following information about this disbursement:

AMOUNT TO BE DISBURSED: \$ _____

DATE FUNDS SHOULD BE DISBURSED: _____ (MM/DD/YYYY)

(Please submit this request at least 30 days before the date you wish funds to be available)

SECTION C - BENEFICIARY'S ENROLLMENT STATUS

This disbursement is requested for the Educational Term (Check one and enter the school year):

Fall Winter Spring Summer School Year _____ (Example: 2009-2010)

The Beneficiary will enroll: Full Time Half-Time or more Less than Half-time

The Beneficiary will attend:

Name of Institution

Address

City

State

Zip Code

The Beneficiary will live: On-Campus Off-Campus With Parent(s)

TO BE COMPLETED BY LOUISIANA GEAR UP ONLY.

By signing this Disbursement Request and submitting it to the START Saving Program, you authorize disbursement from your account to the recipient and in the amount designated in Section B. In addition, you certify that this is a disbursement to pay QHEE, as described in the "Instructions" to this form.

LA GEAR UP Designated Representative Signature: _____ Date: _____