

LOUISIANA'S START SAVING PROGRAM

EDUCATION SAVINGS ACCOUNT RECORDS UPDATE FORM

START Saving Program
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INSTRUCTIONS: Account Owners may use this form to correct or update the contact information currently on file for them and/or one of their Beneficiaries. Changes contained in Section A (Account Owner Record) will apply to all of your accounts. Changes entered in Section B, will only be made to the account for that Beneficiary. **Please type or print in ink.**

SECTION A – UPDATE OF ACCOUNT OWNER RECORD

Account Owner's Name _____
Last First Middle Initial Suffix (Jr./Sr.)

Account Number _____ Social Security/Taxpayer ID Number _____

Permanent Mailing Address _____

City _____ Parish _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

E-Mail Address _____

Temporary Mailing Address, if applicable, effective _____ Date until _____ Date

Address _____

City _____ State _____ Zip Code _____

SECTION B – BENEFICIARY INFORMATION

Beneficiary's Name _____

Social Security No.: _____ Account No.: _____

Address _____

City _____ Parish/County _____ State _____ Zip Code _____

Date of Birth: _____

Postsecondary School Beneficiary Will Attend _____

Expected Enrollment Date _____

SECTION C: ACCOUNT OWNER AUTHORIZATION

I hereby authorize you to make the changes in my account records as specified in Sections A and B above.

Account Owner's Signature _____ Date _____