



LEGAL ENTITY ACCOUNT APPLICATION

Instructions: A Legal Entity may be an Account Owner and open an account for a named Beneficiary; however, deposits made by the Legal Entity cannot be refunded to the Legal Entity. If you are the authorized agent of a corporation, partnership, unincorporated association, limited-liability company, trust or other legal entity, complete all sections. **Type or print in ink.**

Section A: TO BE COMPLETED BY THE AUTHORIZED AGENT OF THE LEGAL ENTITY THAT IS THE ACCOUNT OWNER

1. Name of the Legal Entity (Account Owner)

2. Legal Entity's Federal Employer Identification Number (EIN)

3. Legal Entity's Louisiana Revenue Account Number

4. Name of the Agent Authorized to Act on Behalf of the Legal Entity (Account Owner)

Last Name

First Name

MI

Suffix

5. Authorized Agent's Mailing Address: Number and Street
(including Suite Number)

City

State

Zip Code

6. Parish/County

7. Agent's Telephone Number

8. Agent's E-mail Address

9. To be an Account Owner, the Legal Entity must meet one of the following (check the one that applies)

- Established, organized or incorporated in accordance with the laws of Louisiana (Examples: trusts, estates, groups, associations, organizations, partnerships and cooperations).
- Established, organized and incorporated in accordance with the laws of a state other than Louisiana or a county outside the United States AND registered with the Louisiana Secretary of State to conduct business in Louisiana AND has physical place of business in Louisiana (Examples: trusts, estates, groups, associations, organizations, partnerships and corporations).
- A government agency

Section B: DESIGNATE A BENEFICIARY: Complete the following about the student who will receive benefits from this account.

10. Last Name

First Name

MI

Suffix

11. Social Security Number

12. Date of Birth (MM/DD/YYYY)

13. Sex

Male

Female

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CONTACT **START**



Ask LEX
 (LOSFA's virtual response assistant,
 available 24/7 at startsaving.la.gov)



Visit startsaving.la.gov



Email start@la.gov



Call 800.259.5626
 Fax 225.612.6497

14. Permanent Mailing Address: Number and Street <i>(including Apartment Number)</i>	City	State	Zip Code
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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?
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Section C: SELECT A POSTSECONDARY INSTITUTION Enter the name and address of the school the Beneficiary is most likely to attend and the projected date of enrollment. If item #17 is left blank, attendance at the highest cost public institution in Louisiana will be assumed.

17. Name of School City/State	18. Projected Date of First Enrollment (Month/Year):
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Section D: SELECT A METHOD OF MAKING DEPOSITS: Do not remit a deposit until you receive written notification that the account has been approved. Mark all options that may apply.

19. Automatic Bank Debits Direct Payments Payroll Deduction

If you have chosen the Direct Payment Option, deposits should be mailed to the START Saving Program PO Box 91271 Baton Rouge, LA 70821-9271. If you have chosen Automatic Bank Debits or Payroll Deduction, complete the appropriate form, which may be downloaded at www.startsaving.la.gov or obtained from the START Program office.

Section E: SELECT INVESTMENT 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. 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 total percentage must be a whole number (Examples: 10,15, 25, etc.) and the percentage for all funds must total 100%.

20. Investment Funds

Louisiana Principal Protection Fund	_____ %
Age-Based Moderate Track Fund (Equity)	_____ %
Age-Based Growth Track Fund (Equity)	_____ %
Age-Based Aggressive Track Fund (Equity)	_____ %
Vanguard Total World Stock Index Fund (Institutional Shares) (Equity) (VTWIX)	_____ %
Vanguard Total Stock Market Index Fund (Institutional Plus Shares) (Equity) (VITPX)	_____ %
Vanguard Total International Stock Index Fund (Institutional Shares) (Equity) (VTSNX)	_____ %
Vanguard Small-Cap Index Fund (Institutional Shares) (Equity) (VSCIX)	_____ %
Vanguard Mid-Cap Index Fund (Institutional Shares) (Equity) (VMCIX)	_____ %
Vanguard Large-Cap Index Fund (Institutional Shares) (Equity) (VLISX)	_____ %
Vanguard Institutional Index Fund-Institutional Shares (VINIX)	_____ %
Vanguard Value Index Fund - Institutional Shares (VIVIX)	_____ %
Vanguard Growth Index Fund - Institutional Shares (VIGIX)	_____ %
Total:	_____ %
	(Must equal 100%)

Section F: GOVERNING LAWS AND NOTICE & ACCOUNT OWNER'S CERTIFICATION

On behalf of the Account Owner, I, the undersigned Authorized Agent of the Account Owner, do hereby state, acknowledge and certify the following:

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 this Agreement is determined to be unenforceable, the remaining provisions shall remain in full force and effect. The Account Owner agrees to be bound by the statutes, regulations and rules governing the START Saving Program and the terms and conditions incorporated into the Participation Agreement.

The Account Owner understands and agrees that: The person identified as its authorized agent in Section A is fully authorized to act on its behalf for all purposes related to this START Saving Program Account; funds deposited in this START Savings Program Account cannot be refunded to the Account Owner under any circumstances; 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 against the LATTA pursuant to the Participation Agreement for disbursement of funds invested in the Louisiana Principal Protection Fund shall be made solely against the assets of the Fund; any claim filed by an Account Owner against the LATTA pursuant to the Participation Agreement for disbursement of funds invested in equities shall be solely against the Current Value of such accounts and not against 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 to the latest address provided to LATTA by the Account Owner's Agent.

The Account Owner has read and understands the terms and conditions of the Participation Agreement and the START Disclosure Booklet. The Account Owner authorizes 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 the Agreement.

I certify that I am the duly appointed Agent authorized to act on behalf of the Account Owner named in Section A, 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 certify and acknowledge that the LATTA will open a START Saving Program Account based on the information I have provided in this Application, and hereby agree to defend, indemnify, save and hold harmless the LATTA, its members, employees, agents and affiliates from any and all loss, claim, liability, cost, damage or expense resulting from any untrue, inaccurate or otherwise misleading information provided herein.

Authorized Agent (Print Name): _____

Authorized Agent (Signature): _____

Date: _____

OFFICE USE ONLY

Account Number Assigned: _____ Date: _____

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