

**Louisiana's START Saving Program**  
**Account Application**  
**Irrevocable Donations to An Unrelated and Financially Needy Beneficiary**  
**If you need assistance completing this form, call 1-800-259-5626**

**Instructions:** Anyone, including Legal Entities, may open an account for the purpose of assisting children from needy families acquire a college education. To qualify, the Account Owner cannot be related to the Beneficiary, all deposits are irrevocable and cannot be refunded to the Account Owner and the Beneficiary's family must meet the financial needs test and consent to the account's terms and conditions. If the Account Owner is not a Legal Entity, leave Item 5 blank. The Account Owner must have the Beneficiary's parent or custodian complete Section C and provide the documents to be attached to this application. **Type or print in ink.**

**Section A: TO BE COMPLETED BY THE AUTHORIZED AGENT OF A LEGAL ENTITY OR BY A NATURAL PERSON MAKING A DONATION TO AN UNRELATED BENEFICIARY IN NEED OF FINANCIAL ASSISTANCE TO PAY QUALIFIED HIGHER EDUCATION EXPENSES (QHEE)**

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| 1. Name of the Legal Entity or a Natural Person (the Account Owner):<br><br><i>(Name must be exactly as recorded on your most recent Louisiana or federal tax return)</i> |  | 2. Account Owner's Telephone Number: |  |
| 3. Legal Entity's Federal Employer Identification Number (EIN) or the Social Security Number (SSN) of a Natural Person:<br>EIN: _____ SSN: _____                          |  |                                      |  |
| 4. Legal Entity's Louisiana Revenue Account No:   |  |                                      |  |
| 5. Name of the agent authorized to act on behalf of the Legal Entity (Account Owner):<br>Last Name _____ First Name _____ MI _____  |  |                                      |  |
| 6. Account Owner's or Agent's Mailing Address:<br>Number and Street (Apt./Suite) _____ City _____ State _____ Zip Code _____  |  |                                      |  |

**Section B: DESIGNATE A BENEFICIARY:** Complete the following information about the student who will receive benefits from this account. To qualify as a Beneficiary, the annual adjusted gross income of the Beneficiary's family must be less than \$30,000 or the Beneficiary must be eligible for free lunch under the Richard B. Russell National School Act (42 USC 1751 et seq) and not be a member of the Account Owner's family nor a Member of the Family of any member or employee of the Louisiana Tuition Trust Authority (LATTA) or the Office of Student Financial Assistance.

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|--|--|---|--|
| 7. Last Name: _____ First Name: _____ MI: _____  |  | 8. Social Security Number: _____  |  |
| 9. Mailing Address: Number and Street (include Apartment Number) _____ City _____ State _____ Zip Code _____                                 |  |   |  |
| 10. U.S. Citizen or Permanent Resident?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | 11. Is the Beneficiary a permanent resident of Louisiana?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 12. Date of Birth (Month/Day/Year): _____  |  | 13. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>  |  |
| 14. Is the Account Owner related to the Beneficiary?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                             |  |   |  |
| 15. Do you authorize the LATTA to name the Beneficiary or successor Beneficiary?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |

**Section C: BENEFICIARY'S PARENT OR CUSTODIAN:** The Beneficiary's parent(s) or custodian must consent to the establishment of this account and agree to release their tax forms by signing this Consent and Authorization statement and must attach their tax returns for the previous year and, if applicable, provide evidence that the Beneficiary is eligible for free school lunches.

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| 16. Name of Parent or Custodian: Last Name _____ First Name _____ MI _____<br><br><i>(Name must be exactly as recorded on your most recent Louisiana or federal tax return)</i> |  |                             |  |
| 17. Social Security Number: _____   |  | 18. Telephone Number: _____ |  |
| 19. Mailing Address: Number and Street (include Apartment Number) _____ City _____ State _____ Zip Code _____   |  |                             |  |

**CONSENT AND AUTHORIZATION:** I consent to the establishment of this account and agree that all donations to this account will be used solely for the payment of the Beneficiary's Qualified Higher Education Expenses. I authorize the LATTA, or its agents, to annually access my state and federal income tax returns and to use information gained thereby to verify the information provided in this Agreement 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.

Signature of the Parent or Court-Appointed Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

**Section D: 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 #20 is left blank, attendance at the highest public institution in Louisiana will be assumed.

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|---|---|
| 20. Name of School _____ City/State _____ | 21. Projected Date of First Enrollment (Month/Year) _____ |
|---|---|

**Section E: 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.

22.  Automatic Bank Debits  Direct Payment  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 Automatic Bank Deposits or Payroll Deduction, complete the appropriate form. The forms may be downloaded from the website at [www.startsaving.la.gov](http://www.startsaving.la.gov) or obtained by calling 1-800-259-5626.

**Section E: 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 total percentage must be a whole number (Examples: 10, 15, 25, etc.) and the 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 Shares) (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 (Institutional Shares) (Equity) _____%                        |                                   |
| <input type="checkbox"/> Age-Based Aggressive Track Fund (Equity) _____%                              | <input type="checkbox"/> Vanguard Mid-Cap Index Fund (Institutional Shares) (Equity) _____%                          |                                   |
| <input type="checkbox"/> Vanguard Total World Stock Index Fund (Institutional Shares) (Equity) _____% | <input type="checkbox"/> Vanguard Large-Cap Index Fund (Institutional Shares) (Equity) _____%                        | Total _____%<br>(Must equal 100%) |

**Section G: GOVERNING LAWS, NOTICES AND ACCOUNT OWNER'S CERTIFICATION**

I, the undersigned Account Owner, or 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 this Application and 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 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 this Agreement.

I, meaning the Account Owner named in Item 1 of Section A or the authorized Agent named in Item 5 of 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, meaning the Authorized Agent named in Item 5 of Section A, certify that I am the duly appointed Agent authorized to act on behalf of the Account Owner named in Item 1 of Section A, 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 ongoing out of any untrue, inaccurate or otherwise misleading information provided herein.

|   |   |             |
|---|---|-------------|
| Account Owner or<br>Authorized Agent: _____ | Account Owner or<br>Authorized Agent: _____ | Date: _____ |
| (Print Name)                                | (Signature)                                 |             |

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