

LOUISIANA'S START SAVING PROGRAM

CHANGE OF SUCCESSOR ACCOUNT OWNER FORM

START Saving Program
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SECTION A: ACCOUNT OWNER INFORMATION. This form may be used only to change the Successor Account Owner currently listed on your account. The Account Owner must complete all sections of this form. **Type or Print in ink.**

Account Owner's Last Name	First Name	MI
Social Security Number _____		START Account Number _____

SECTION B: CURRENT SUCCESSOR ACCOUNT OWNER. Provide the following information about the **current Successor Account Owner.**

Successor Account Owner's Last Name	First Name	MI
Social Security Number _____		

SECTION C: IDENTIFY THE NEW SUCCESSOR ACCOUNT OWNER. Provide the following information about the **Primary Successor Account Owner** who will become the START Account Owner upon the death of the original Account Owner and the information for a **Secondary Successor Account Owner** in case the **Primary Successor Account Owner** dies.

Primary Successor (Will become the Account Owner if the Original Account Owner Dies):

Beneficiary for START Account Number In Section A **OR** Other Person Described Below
Name: _____ Social Security Number: _____
Date of Birth: _____
Permanent Mailing Address: Number, Street, Apartment Number: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____

Secondary Successor (Will become the Account Owner if both Account Owner and Primary Successor Account Owner Die):

Beneficiary for START Account Number In Section A **OR** Other Person Described Below
Name: _____ Social Security Number: _____
Date of Birth: _____
Permanent Mailing Address: Number, Street, Apartment Number: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____

To name additional Successor Account Owners, please call 1-800-259-5626 for assistance.

SECTION D: ACCOUNT OWNER'S AUTHORIZATION

I hereby authorize the START Saving Program to make the change(s) in my account as specified above.

Account Owner's Name (Type or print): _____

Account Owner's Signature: _____ Date: _____