

# LOUISIANA'S START SAVING PROGRAM

## REQUEST FOR DISBURSEMENT TO PAY QUALIFIED EDUCATION EXPENSES FOR K12

START Saving Program  
PO Box 91271  
Baton Rouge, LA 70821-9271

Telephone: 1-800-259-5626  
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E-mail: [start@la.gov](mailto:start@la.gov)

**INSTRUCTIONS:** Account Owner must complete this form to request a disbursement from a START account to pay the Qualified Education Expenses (QEE) for the Beneficiary's Education in calendar year **2020** at a **Louisiana Elementary or Secondary School** that contains any grades kindergarten through twelfth grade. Qualified Education Expenses are defined as tuition in connection with enrollment or attendance at a Louisiana Elementary or Secondary School in grades kindergarten through twelve. By completing and submitting this disbursement request, the Account Owner agrees that the disbursement will come from the START Account listed in Section A and certifies that the funds will be used to pay Qualified Education Expenses as defined above. **ONLY ONE DISBURSEMENT WILL BE ALLOWED FOR THE 2020 CALENDAR YEAR.** Please **PRINT** neatly in ink and complete all sections.

*It may take up to 30 days from the time this request is received to process this request. Failure to complete the form in its entirety can cause a delay in processing the form in a timely manner.*

### **SECTION A – ACCOUNT FROM WHICH DISBURSEMENT IS TO BE MADE**

Account Owner's Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Owner's Telephone Number: \_\_\_\_\_  
Account Owner's E-mail Address: \_\_\_\_\_  
Beneficiary's Name: \_\_\_\_\_

### **SECTION B - ABOUT THE DISBURSEMENT**

The disbursement can be \$10,000 or the maximum amount in principal deposits and principal earnings on deposits in the START account, whichever is lower. No disbursement may exceed the amount in the START Account as of the date of the disbursement request. This disbursement will be used to pay for the beneficiary's Qualified Education Expenses as defined in the "Instructions" on this form. The funds may be used to pay tuition only. Complete the following information about this disbursement:

**AMOUNT TO BE DISBURSED:** \$ \_\_\_\_\_

**ALL DISBURSEMENTS WILL BE MADE TO THE ACCOUNT OWNER.**

### **SECTION C - BENEFICIARY'S ENROLLMENT**

The Beneficiary enrolled at:

\_\_\_\_\_  
Name of Louisiana Elementary or Secondary School (K12)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

### **SECTION D - ACCOUNT OWNER'S CERTIFICATION**

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

Account Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_