

Louisiana's STARTK12 Saving Program

Account Application

If you need assistance completing this form, call 1-800-259-5626

Instructions: A Natural Person may open an account by mailing this completed application to the Louisiana STARTK12 Saving Program, P.O. Box 91000, Baton Rouge, LA 70821-9000, or by completing the on-line version at www.startsaving.la.gov. If you submit this paper application, you should include a check or money order for at least \$10 payable to "START" with your application. You may also authorize electronic funds transfer or payroll deduction (see Section F). Your first deposit must be at least \$10 and must be made within 180 days from the date on the letter of notification of approval of the account. DO NOT complete this form if you are a Legal Entity or of you are a Natural Person donating monies to an unrelated and needy Beneficiary. **Type of print in ink.**

Section A: TO BE COMPLETED BY A NATURAL PERSON OPENING THE ACCOUNT. (ACCOUNT OWNER)

1. (Circle one) Ms. Mrs. Mr.			
Last Name	First Name	MI:	Suffix
<i>(Name must be exactly as recorded on your most recent Louisiana or federal tax return)</i>			
2. Social Security Number		3. Date of Birth (Month/Day/Year)	
4. Permanent Mailing Address: Number and Street Address (including Apartment Number) City State Zip Code			
5. U.S. Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Daytime Telephone Number	7. Alternate Telephone Number
8. E-mail Address			
9. The Account Owner is a Permanent Resident of What State? Parish/County			

Section B: DESIGNATE A BENEFICIARY: Provide information about the student who will receive benefits from this account

10. Last Name		First Name	MI	Suffix
11. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		12. Social Security Number		13. Date of Birth: (Month/Day/Year)
14. Permanent Mailing Address: Number and Street (Including Apartment Number) City State Zip Code				
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?	
17. Relationship of Account Owner to Beneficiary: A. Parent, Grandparent or Custodian B. Other Family Member _____ (Include Relationship) C. Not Related				

Section C: SELECT A LOUISIANA SECONDARY INSTITUTION: Identify the school the Beneficiary is attending or most likely to attend.

18. Name of Secondary School:	City
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Section D: DESIGNATE A SUCCESSOR OWNER: In the event of my death, I designate the following named person to be the owner of this account.

19. Beneficiary Named in Section B <input type="checkbox"/> Other Person Described Below <input type="checkbox"/>	
Name: _____ Social Security Number: _____ Date of Birth: _____	
Permanent Mailing Address: Number, Street, Apartment Number: _____	
City: _____ State: _____ Zip Code: _____ Telephone Number: _____	
E-mail Address: _____	

Section E: ALTERNATE SUCCESSOR OWNER: In the event the Successor Owner designated above should predecease the Account Owner, the person listed below shall become the Successor Owner.

20. Name: _____ Social Security Number: _____ Date of Birth: _____	
Permanent Mailing Address: Number, Street, Apartment Number: _____	
City: _____ State: _____ Zip Code: _____ Telephone Number: _____	
E-mail Address: _____	

Section F: SELECT A METHOD OF MAKING DEPOSITS: Mark all options that may apply.

21. Electronic Funds Transferred from Owner's Account Direct Payments Payroll Deduction

If you have chosen the Direct Payment Option, deposits should be mailed to the STARTK12 Saving Program PO Box 91000, Baton Rouge, LA 70821-9000. If you have chosen Electronic Funds Transfer or Payroll Deduction, complete the appropriate form, which may be downloaded at www.startsaving.la.gov or obtained from the START K12 Program office. If you have chosen Payroll Deduction and your employer is not listed on the form, START K12 will contact your employer to set up payroll deduction. To activate your account before payroll deductions start, send a check or money order payable to "START."

Section G: SELECT INVESTMENT FUNDS: Investment funds and applicable fees are fully explained in the STARTK12 Disclosure Booklet, available upon request from the STARTK12 Program or on the website at www.startsaving.la.gov. You must thoroughly review the STARTK12 Disclosure Booklet prior to selecting your investment fund. You must select a fund. Failure to do so will cause delays in opening the STARTK12 account and the STARTK12 account could potentially not be opened. In accordance with federal regulations, the investment fund(s) for future deposits may be selected at the time of deposit, but the investment fund(s) for monies in an existing account may only be changed twice per calendar year. Choose the fund(s) in which your deposits will be placed. If more than one fund is selected, indicate the percentage of the deposit for each fund. The percentage must be a whole number (examples: 10, 15, 25, etc.) and the total percentage for all funds must be 100%.

22. Investment Funds:

Vanguard Federal Money Market Fund (Equity) (VMFXX)	_____ %
Vanguard Short-Term Bond Index Fund (Admiral Shares) (Equity) (VBIRX)	_____ %
Vanguard Intermediate-Term Bond Index Fund (Admiral Shares) (Equity) (VBILX)	_____ %
Vanguard Institutional Total Stock Market Index Fund (Institutional Plus Shares) (Equity) (VITPX)	_____ %
Vanguard Total International Stock Index Fund (Institutional Shares) (Equity) (VTSNX)	_____ %
Total	_____ %
	<i>(Must equal 100%)</i>

Section H: How did you first hear of the STARTK12 Program?

TV	Radio	Newspaper	START/LOSFA Publication
Other publication	School Contact	College Contact	Day Care/Nursery
Hospital/Dr. Office	Financial Institution		
Word Of Mouth	Other		

Section I: OPTIONAL RESPONSES: The following questions are OPTIONAL. They will assist the administering agency in statistical analysis and will not be used for any other purposes.

23. Account Owner's Ethnicity: (Mark Only one): Hispanic or Latino Non-Hispanic or Latino

Race (Mark all that apply): American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

24. Beneficiary's Ethnicity: (Mark Only one): Hispanic or Latino Non-Hispanic or Latino

Race (Mark all that apply): American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

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

In the event a refund must be issued by the STARTK12 Program, the account owner will be issued the refund.

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 the Agreement is determined to be unenforceable, the remaining provisions shall remain in full force and effect. I understand and agree that: if the funds are not used to meet the Qualified 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 a special fund in the state Treasury for STARTK12 Program; any claim filed by an Account Owner or Beneficiary against the LATTA pursuant to the Participation Agreement is made solely against the assets of the Account Owner's portion of the assets of this fund; no Account Owner or Beneficiary of a STARTK12 account shall have any claim against the State General Fund or other funds or revenues of the State of Louisiana; the LATTA does not guarantee any investment in equities; the LATTA reserves the right to amend the rules regulating the STARTK12 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 (or e-mail if I have opted for electronic correspondence) to the latest address I have provided LATTA.

Account Owner's Certification and Authorization

I, meaning the Account Owner named in 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 agree to be bound by the statutes, regulations and rules governing the STARTK12 Program. I have read and understand the STARTK12 Disclosure Booklet and the terms and conditions incorporated into the Account Participation Agreement. 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.

Owner: _____ Owner: _____ Date: _____
(Print Name) (Signature)

OFFICE USE ONLY: Account Number Assigned: _____ Date: _____