

UNRELATED BENEFICIARY ACCOUNT APPLICATION

Instructions: Anyone, including Legal Entities, may open an account for the purpose of assisting children from needy families acquire an 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 EDUCATION EXPENSES (QEE)

1. Name of the Legal Entity or Natural Person (the Account Owner)

Last Name	First Name	MI	Suffix
-----------	------------	----	--------

(Name must be exactly as recorded on your most recent Louisiana or federal tax return)

2. Permanent Mailing Address: Number and Street
(including Apartment/Suite Number)

City State Zip Code

3. Parish/County	4. Account Owner's Social Security Number
------------------	-------------------------------------------

(Do not complete if you are Authorized Agent of a Legal Entity)

5. Account Owner's Telephone Number	6. Account Owner's E-mail Address
-------------------------------------	-----------------------------------

7. Legal Entity's Federal Employer Identification Number (EIN)	8. Legal Entity's Louisiana Revenue Account Number
----------------------------------------------------------------	----------------------------------------------------

9. Name of the agent authorized to act on behalf of the Legal Entity (Account Owner)

Last Name	First Name	MI	Suffix
-----------	------------	----	--------

Section B: DESIGNATE A BENEFICIARY: Complete the following information about the student who will receive benefits from the 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 Louisiana Office of Student Financial Assistance.

10. Last Name First Name MI: Suffix

continued on Page 2

CONTACT **START K12**



Visit startsaving.la.gov



Email start@la.gov



Call 800.259.5626
Fax 225.612.6497



Send Mail to
P.O. Box 91000
Baton Rouge, LA 70821-9000

11. Social Security Number	12. Date of Birth (MM/DD/YYYY)	13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
14. Permanent Mailing Address: Number and Street Address		City	State Zip Code
15. Parish/County	16. U.S. Citizen or Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No		
17. Is the Beneficiary a permanent resident of Louisiana? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Is the Account Owner related to the Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
19. Do you authorize the LATTA to name the Beneficiary or Successor Beneficiary? <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 the 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.

20. Name of Parent or Guardian			
Last Name	First Name	MI	Suffix
21. Social Security Number	22. Telephone Number	23. E-mail Address	

24. Permanent Mailing Address: Number and Street Address		City	State	Zip Code
25. Parish/County				

CONSENT AND AUTHORIZATION: I consent to the establishment of the account and agree that all donations to this account will be used solely for the payment of the Beneficiary's Qualified 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. I further authorize th 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 Guardian: _____ Date: _____

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

26. Name of Secondary School	City
------------------------------	------

continued on Page 3

Section E: SELECT A METHOD OF MAKING DEPOSITS: Do not remit a deposit until you receive a written notification that the account has been approved. Mark all options that may apply.

27. Automatic Bank Deposits Direct Payments Payroll Deduction

If you have chosen the Direct Payment Option, deposits should be mailed to the START K12 Saving Program, PO Box 91000, Baton Rouge, LA 70821-9000. If you have chosen Automatic Bank Deposits or Payroll Deduction, complete the appropriate form, which may be downloaded at www.startsaving.la.gov or obtained from the START K12 Program office.

Section F: SELECT INVESTMENT FUNDS: Investment funds and applicable fees are fully explained in the START K12 Disclosure Booklet, available upon request from the START K12 Program or on the website at www.startsaving.la.gov. You must thoroughly review the START K12 Disclosure Booklet prior to selecting your investment fund. You must select a fund. Failure to do so will cause delays in opening the START K12 account and the START K12 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%.

28. 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)	_____ %
Vanguard LifeStrategy® Growth Fund (VASGX)	_____ %
Vanguard LifeStrategy® Moderate Growth Fund (VSMGX)	_____ %
Vanguard LifeStrategy® Conservative Growth Fund (VSCGX)	_____ %
Vanguard LifeStrategy® Income Fund (VASIX)	_____ %
Vanguard Institutional Index Fund-Institutional Shares (VINIX)	_____ %
Vanguard Value Index Fund - Institutional Shares (VIVIX)	_____ %
Vanguard Growth Index Fund - Institutional Shares (VIGIX)	_____ %
	Total: _____ %
	<i>(Must equal 100%)</i>

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 K12 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 STARTK12 Saving Program Account; funds deposited in this STARTK12 Savings Program Account cannot be refunded under any circumstances; 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 START K12 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 START K12 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 START K12 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

continued on Page 4

will be effective if mailed by first class mail (or e-mail if I have opted for electronic correspondence) 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 K12 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 9 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 9 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 K12 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 Authorized Agent (Print Name): _____

Account Owner or Authorized Agent (Signature): _____

Date: _____

OFFICE USE ONLY

Account Number Assigned: _____ Date: _____

CONNECT WITH **START K12**

