

**Louisiana's STARTK12 Saving Program
Account Application**

**Irrevocable Donations to An Unrelated and Financially Needy Beneficiary
If you need assistance completing this form, call 1-800-59-5626**

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 accounts terms and conditions. If the Account Owner is not a Legal Entity, leave item 7 blank. The Account Owner must have the Beneficiary's parent or custodian complete Section C and provide the documents to be attached to the 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 a 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. Account Owner's Telephone Number: 3. Account Owner's Social Security Number 4. Account Owner's E-mail Address
(Do not complete if you are Authorized Agent of a Legal Entity)

5. Legal Entity's Federal Employer Identification Number (EIN) 6. Legal Entity's Louisiana Revenue Account Number:

7. Name of the agent authorized to act on behalf of the Legal Entity (Account Owner)
Last Name First Name MI Suffix

8. Account Owner's or Agent's Mailing Address:
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 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.

9. Last Name First Name MI Suffix

10. Social Security Number 11. Date of Birth (Month/Day/Year) 12. Sex:
 Male Female

13. Mailing Address: Number and Street (include Apartment Number) City State Zip Code

14. U.S. Citizen or Permanent Resident
 Yes No 15. Is the Beneficiary a permanent resident of Louisiana?
 Yes No

16. Is the Account Owner related to the Beneficiary?
 Yes No 17. Do you authorize the LATTA to name the Beneficiary or successor Beneficiary?
 Yes 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.

18. Name of Parent or Custodian
Last Name First Name MI Suffix

19. Social Security Number 20 Telephone Number 21. E-mail Address

22. Mailing Address: Number and Street (include Apartment Number) City State Zip Code

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

18. Name of Secondary School: _____ City _____

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.

19. Automatic Bank Debits Direct Payments Payroll Deduction

If you have chosen the Direct Payment Option, deposits should be made to the STARTK12 Savign Program, PO Box 91000, Baton Rouge, LA 70821-9000. If you have chosen Automatic Bank Deposits or Payroll Deduction complete the appropriate form. TH e forms may be downloaded from the Website at www.startsaving.la.gov or obtained by calling 1-800-259-5626.

Section F: 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 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%.

20.. 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 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 STARTK12 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 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 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 STARTK12 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 7 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 7 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 Authorized Agent: _____ Account Owner or Authorized Agent: _____ Date: _____
 (Print Name) (Signature)

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