

Louisiana's STARTK12 Saving Program

CHANGE OF SUCCESSOR ACCOUNT OWNER FORM

STARTK12 Saving Program
P.O. Box 91000
Baton Rouge, LA 70821-9000

Telephone: 1-800-259-5626
Internet: www.startsaving.la.gov
Fax: (225) 612-6497
E-mail: start@la.gov

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 Name: _____
Last First Middle Initial Suffix

Social Security Number: _____ STARTK12 Account Number: _____

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

Successor Account Owner's Name: _____
Last First Middle Initial Suffix

Social Security Number: _____

SECTION C: IDENTIFY THE NEW SUCCESSOR OWNER. Provide the following information about the **Primary Successor Account Owner** who will become the STARTK12 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 the STARTK12 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 the STARTK12 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: _____