

Louisiana's STARTK12 Saving Program

RECORDS UPDATE FORM

STARTK12 Saving Program
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INSTRUCTIONS: Account Owners may use this form to correct or update the contact information currently on file for them and/or one of their Beneficiaries. Changes Contained in Section A (Account Owner record) will apply to all of your accounts. Changes entered in Section B will only be made to the account for that Beneficiary. **Please type or print in ink.**

SECTION A - UPDATE OF ACCOUNT OWNER RECORD

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

Account Number(s): _____ Social Security/Taxpayer ID Number: _____

Permanent Mailing Address: _____

City: _____ Parish: _____ State: _____ Zip Code: _____

Date of Birth: _____

Day Telephone: _____ Evening Telephone: _____

E-Mail Address: _____

Temporary Mailing Address, if applicable, effective: _____ until _____
Date Date

Address: _____

City: _____ State: _____ Zip Code: _____

SECTION B - BENEFICIARY INFORMATION

Beneficiary's Name: _____
Last First Middle Initial Suffix

Social Security Number: _____ Account Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Parish: _____

SECTION C: ACCOUNT OWNER AUTHORIZATION

I hereby authorize you to make the changes in my account records as specified in Sections A and B above.

Account Owner's Signature: _____ Date: _____