

LOUISIANA'S START SAVING PROGRAM

EDUCATION SAVINGS ACCOUNT RECORDS UPDATE FORM

START Saving Program
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INSTRUCTIONS: Account Owners must complete this form in its **entirety** to correct or update the contact information currently on file for them and one of their Beneficiaries. A form is needed for each account. Please type or print in ink.

SECTION A – UPDATE OF ACCOUNT OWNER RECORD

Account Owner's Name: _____
Last First Middle Initial Suffix (Jr./Sr.)

Account Number: _____ Social Security/Taxpayer ID Number: _____

Permanent Mailing Address: _____

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

Date of Birth: _____

Day Telephone: _____ Evening Telephone: _____

E-Mail Address: _____

SECTION B – BENEFICIARY INFORMATION

Beneficiary's Name: _____
Last First Middle Initial Suffix (Jr./Sr.)

Social Security No.: _____ Account No.: _____

Address: _____

City: _____ Parish/County: _____ State: _____ Zip Code: _____

Date of Birth: _____

Postsecondary School Beneficiary Will Attend: _____

Expected Enrollment Date: _____

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: _____