LOUISIANA'S START SAVING PROGRAM

REQUEST FOR DISBURSEMENT TO PAY QUALIFIED HIGHER EDUCATION EXPENSES

START Saving Program
PO Box 91271
Baton Rouge, LA 70821-9271

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

INSTRUCTIONS: Account Owner's must complete this form to request a disbursement from an account to pay the Qualified Higher Education Expenses (QHEE) for the Beneficiary's Educational Term at an Eligible Educational Institution. Qualified Higher Education Expenses allowed under Section 529 that are required for a Beneficiary's enrollment in and attendance at an Eligible Institution are: (i) tuition; (ii) fees; (iii) the cost of books, supplies and equipment; (iv) certain costs of room and board for Beneficiaries attending Eligible Institutions on at least a half-time basis; and (v) expenses for "special needs services" for a "special needs" Beneficiary. A separate disbursement form must be completed for each Educational Term for which the Beneficiary is enrolled. Please PRINT neatly in ink and complete all sections.

Please submit this request at least 30 days before the date you wish funds to be available.

SECTION A – ACCOUNT FROM WHICH DISBURSEMENT IS TO BE MADE

Account Owner's Name: _____

Account Number: _____ Account Owner's Telephone Number: _____

Account Owner's E-mail Address: _____

Beneficiary's Name: _____

SECTION B - ABOUT THE DISBURSEMENT

Each disbursement must be at least $250.00, or the remaining balance in the account. A disbursement for Qualified Higher Education Expenses (QHEE) cannot exceed the Current Value of the account or the total QHEE for the requested Educational Term, whichever is less. The funds must be used to pay QHEE. **Requesting all funds will close the START Account.** Complete the following information about this disbursement:

AMOUNT TO BE DISBURSED: $ _____

DISBURSEMENT INSTRUCTIONS: Check who is to receive this disbursement. **Select only one.**

☐ To Account Owner ☐ To Beneficiary ☐ To Eligible Institution

SECTION C - BENEFICIARY'S ENROLLMENT STATUS

This disbursement is requested for the Educational Term **(Check one only and enter the school year)**:

☐ Fall ☐ Winter ☐ Spring ☐ Summer School Year _____

What type of program is the Beneficiary enrolled in? ☐ Undergraduate ☐ Graduate ☐ Professional

The Beneficiary enrollment status: ☐ Full Time ☐ Half-Time or more ☐ Less than Half-time

The Beneficiary enrolled at:

_____
Name of Institution

_____
Address

_____ _____ _____
City State Zip Code

The Beneficiary's Student ID at the Institution: _____

The Beneficiary will live **(CHECK ONLY ONE)**: ☐ On-Campus ☐ Off-Campus ☐ With Parent(s)

SECTION D - ACCOUNT OWNER'S CERTIFICATION

By signing this Disbursement Request and submitting it to the START Saving Program, you authorize disbursement from your account to the recipient and in the amount designated in Section B. In addition, you certify that this is a disbursement to pay QHEE, as described in the "Instructions" to this form.

Account Owner's Signature: _____ Date: _____