

# LOUISIANA'S START SAVING PROGRAM

## ROLLOVER FORM

START Saving Program  
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**INSTRUCTIONS:** An Account Owner must complete all sections of this form to authorize rollover funds from one START account to another START account. BOTH accounts must be owned by the same Account Owner. The Beneficiary of the START account receiving the funds must be a Member of the Family of the Beneficiary of the account from which the funds are taken. Complete all sections of this form by typing or printing in ink.

The Beneficiary of the START account listed in Section D must have one of the following relationships to the Beneficiary of the account listed in Section C:

- (a) the spouse of the beneficiary; or
- (b) the beneficiary's child/descendant of child, step-child, sibling, step-sibling, parent/ancestor of parent, step-parent, nephew/niece, uncle/aunt, first cousin, or in-law (son/daughter, father, mother, brother, sister); or
- (c) the spouse of person listed in (b).

NOTE: If you need to transfer/rollover funds to a START account from another 529 plan or other eligible rollover account, please use the Rollover or Transfer Deposit Form.

### **SECTION A: ACCOUNT OWNER IDENTIFICATION:**

Account Owner's Last Name	First Name	MI
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Social Security Number: \_\_\_\_\_

### **SECTION B: AMOUNT TO BE ROLLED OVER**

Please transfer \$ \_\_\_\_\_ (must be whole dollars)

### **SECTION C: TAKE THE FUNDS FROM:**

START Account Number: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_ Beneficiary's Social Security Number: \_\_\_\_\_

### **SECTION D: PLACE THE FUNDS IN:**

START Account Number: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_ Beneficiary's Social Security Number: \_\_\_\_\_

Beneficiary's relationship to Section C Beneficiary: \_\_\_\_\_

### **SECTION E: ACCOUNT OWNER'S AUTHORIZATION**

I hereby authorize you to rollover the amount specified in Section B from the START account listed in Section C to the START Account listed in Section D. I certify that the information I have provided in this form is true and correct. I understand that this form is used for a rollover of less than all the funds of one START account to another START Account whose beneficiary is a Member of the Family of the Beneficiary listed in Section C.

Account Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_