Louisiana's STARTK12 Saving Program

REQUEST FOR DISBURSEMENT TO PAY QUALIFIED EDUCATION EXPENSES

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

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

INSTRUCTIONS: Account Owners must complete this form to request a disbursement from an account to pay Qualified Education Expenses (QEE) for the Beneficiary's Education at an Eligible Educational Institution. Qualified Education Expenses are defined as tuition in connection with enrollment or attendance at a Louisiana Elementary or Secondary school in grades kindergarten through twelve. Account Owners can request disbursements at any time during the calendar year; however disbursements from all accounts with the same beneficiary shall not exceed $10,000 per calendar year. Please **PRINT** neatly in ink and complete all sections.

It may take up to 30 days from the time this request is received to process this request. Failure to complete the form in its entirety can cause a delay in processing the form in a timely manner.

SECTION A - ACCOUNT FROM WHICH DISBURSEMENT IS TO BE MADE:

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

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

Account Owner's E-mail Address: _____

Beneficiary's Name: _____

SECTION B: ABOUT THE DISBURSEMENT

The disbursement can be up to $10,000 (yearly maximum) or the maximum amount in deposits and earnings, whichever is lower. No disbursement may exceed the amount in the STARTK12 Account as of the date of the disbursement request. The funds may be used to pay **tuition** only. **Requesting all funds will close the STARTK12 account**. Complete the following information about this disbursement:

AMOUNT TO BE DISBURSED: $ _____

ALL DISBURSEMENTS WILL BE MADE TO THE ACCOUNT OWNER.

SECTION C - BENEFICIARY'S ENROLLMENT

The Beneficiary enrolled at:

_____
Name of Louisiana Elementary of Secondary School (K12)

_____
Address

_____ _____ _____
City State Zip Code

_____
Academic/School Year

SECTION D- ACCOUNT OWNER CERTIFICATION

By signing this Disbursement Request and submitting to the STARTK12 Saving Program, you authorize disbursement from your account in the amount designated in Section B. In addition, you certify that this is a disbursement to pay QEE, as described in the "Instructions" to this form.

Account Owner's Signature: _____ Date: _____