

# Louisiana's START K12 Program

## REQUEST FOR REFUND OF AN START K12 ACCOUNT

START K12 Saving Program  
P.O. Box 91000  
Baton Rouge, LA 70821-9000

Telephone: 1-800-259-5626  
Internet: [www.startsaving.la.gov](http://www.startsaving.la.gov)  
Fax: (225) 612-6497  
E-mail: [start@la.gov](mailto:start@la.gov)

**INSTRUCTIONS:** Account Owner's must use this form to request a refund from their accounts. If a refund is requested using this form, the Redemption Value or Current Value will be refunded and the account closed. Interest earned in excess of \$10.00 during the calendar year that an account is closed will be refunded within forty five days of the date the state treasurer announces the interest rate for the preceding calendar year. Interest earned of \$10.00 or less during the calendar year that an account is closed will be forfeited to the Louisiana Education and Tuition Savings Fund. If an account is refunded within twelve (12) months of being opened, all interest on that portion of the account invested will be forfeited to the Louisiana Education Tuition and Savings Fund.

Funds in an account owned by a Legal Entity cannot be refunded under any circumstances.

Refunded earnings that are **not** used to pay Qualified Education Expenses are subject to state and federal taxes and, except for refunds due to the death or permanent disability of the Beneficiary, and additional federal tax of 10%.

**You should seek advice from a qualified tax professional before you submit this form. Please PRINT neatly in ink and complete all sections.**

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

### **SECTION A – ACCOUNT TO BE REFUNDED AND CLOSED:** (To be completed in full by the Account Owner)

Account Owner's Name: \_\_\_\_\_

Account Owner's Telephone Number: \_\_\_\_\_

Account Owner's E-mail Address: \_\_\_\_\_

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

Beneficiary's Name: \_\_\_\_\_

**REFUNDS:** The total refund will only be made to the Account Owner.

### **SECTION B – ACCOUNT OWNER'S CERTIFICATION**

By signing this Refund Request and submitting it to the START K12 Program, I certify that I have read and understand the disclosures provided in the "Instructions" to this form and agree that my account will be closed and the Redemption Value or Current Value will be remitted to the Account Owner.

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