LOUISIANA'S START SAVING PROGRAM

START TO START FUNDS TRANSFER

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

Telephone: 1-800-259-5626, Ext. 1012
Internet: **www.startsaving.la.gov**
Fax: (225) 612-6497

INSTRUCTIONS: Complete this form if you are transfering funds from one START account to another for the purpose of closing an account. The account listed in Section B will close after the transaction is completed. The Account Owner must complete all sections of this form. Type or Print in ink. **NOTE:** If you need to transfer 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

Social Security Number:

SECTION B: START ACCOUNT INFORMATION (ACCOUNT TO BE CLOSED AFTER TRANSACTION IS COMPLETE)

Beneficiary's Last Name | First Name | MI

Beneficiary's Social Security Number: | Account Number:

SECTION C: ACCOUNT(S) INTO WHICH THE TRANSFER WILL BE DEPOSITED

Enter the account(s) that are to receive the deposits. If you have more than one account, you must enter the percentage of the total transfer that is to be credited to each account. The sum of the percentages entered must equal 100%

Beneficiary's Full Name (First, Middle, Last)	Account Number(s)	Percentage of Total Transfer to Each Beneficiary
		%
		%
		%
		%
		%
		Total 100%

SECTION D: ACCOUNT OWNER'S AUTHORIZATION

I hereby authorize you to make the changes in my account as specified above. I understand that the START account in Section B will close after the transaction is completed. I understand that this form is used for a START account to START account funds transfer and that if I need to make a transfer from an outside account, the Rollover or Transfer Deposit Form must be completed.

Account Owner's Signature: _____ **Date:** _____

OFFICE USE ONLY: Approved date: Initials: