

Louisiana's START Saving Program
(A "529" College Savings Plan)
Account Application and Owner's Agreement
If you need assistance completing this form, call 1-800-259-5626, Ext. 1012

Instructions: A Natural Person may open an account by mailing this completed application to the Louisiana START Saving Program, P.O. Box 91271, Baton Rouge, LA 70821-9271, or by completing the on-line version at www.startsaving.la.gov. DO NOT complete this form if you are a Legal Entity or if you are a Natural Person donating monies to an unrelated and needy Beneficiary. **Type or print in ink.**

Section A: TO BE COMPLETED BY A NATURAL PERSON OPENING THE ACCOUNT.

1. Ms. Mrs. Mr. (circle one) Last Name: _____ First Name: _____ MI: _____		2. Social Security Number: _____	
<i>(Name should be provided exactly as recorded on your most recent Louisiana or federal tax return)</i>			
3. Permanent Mailing Address: Number and Street (Include Apartment Number) _____		City _____	State _____ Zip Code _____
4. U.S. Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Home Telephone: Area Code _____ Number _____	6. Work Telephone: Area Code _____ Number _____	7. E-mail Address, if Any: _____
8. The Account Owner is a Permanent Resident of What State? _____ Parish/County _____			9. Date of Birth (Month/Day/Year) _____

Section B: DESIGNATE A BENEFICIARY: Complete the following information about the student who will receive benefits from this account.

10. Last Name: _____ First Name: _____ MI: _____		11. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
12. Social Security Number: _____		13. Date of Birth (Month/Day/Year): _____	
14. Permanent Mailing Address: Number and Street (Include Apartment Number) _____		City _____	State _____ Zip Code _____
15. U.S. Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. The Beneficiary is a Permanent Resident of What State? _____ Parish/County _____		
17. Relationship of Account Owner to Beneficiary: <input type="checkbox"/> A. Parent, Grandparent or Custodian <input type="checkbox"/> B. Other Family Member _____ (Indicate Relationship) <input type="checkbox"/> C. Self (Qualifies as an Independent Student) <input type="checkbox"/> D. Not Related			

Section C: SELECT A POSTSECONDARY INSTITUTION: Enter the name and address of the school the Beneficiary is most likely to attend. This item may be left blank, in which case, attendance at the highest cost Louisiana public institution will be assumed.

18. Name of School: _____ City/State: _____		19. Projected Date of First Enrollment (Month/Year): _____
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Section D: DESIGNATE A SUCCESSOR OWNER: In the event of the death of the Account Owner, designate to whom ownership of the account shall pass by marking the appropriate box.

20. Beneficiary Named In Section B <input type="checkbox"/> Other Person Described Below <input type="checkbox"/>	
Name: _____	
Social Security Number: _____ Date of Birth: _____	
Permanent Mailing Address: Number, Street, Apartment Number: _____	

City: _____ State: _____ Zip Code: _____ Telephone Number: _____	

Section E: SELECT A METHOD OF MAKING DEPOSITS: Do not remit a deposit until you receive written notification that the account has been approved. Mark all options that may apply.

21. Electronic Funds Transfer from Owner's Account Direct Payments Payroll Deduction

If you have chosen the Direct Payments Option, deposits should be mailed to the START Saving Program, Post Office Box 91271, Baton Rouge, LA 70821-9271. If you have chosen Electronic Funds Transfer or Payroll Deduction, complete the appropriate form. The forms may be downloaded from the website or obtained from the START Saving Program Office.

Section F: SELECT AN INVESTMENT OPTION: Investment options are fully explained in the START Disclosure Statement, available upon request from the START Saving Program or on our website at www.startsaving.la.gov. It is recommended that the START Disclosure Statement be thoroughly reviewed prior to selecting your investment option. If no option is selected on this application, all deposits will be placed in the Louisiana Principal Protection Option, Option 2. In accordance with federal regulations, once an option has been chosen, changes will be allowed only once each twelve-month period. Choose only one investment option:

Investment Option

- Option 1 – Age-Based Option
- Option 2 – Louisiana Principal Protection Option
- Option 3 – Total Equity Option
- Option 4 – Balanced Option (50% Fixed; 50% Equities)
- Option 5 – Equity Plus Option (75% Equities; 25% Fixed)
- Option 6 – Principal Preservation-Plus Option (75% Fixed; 25% Equities)
- Option 7 – Equity Plus International Option (80% Equities, 20% International Equities)

Section G: OPTIONAL RESPONSES: The following questions are OPTIONAL. They will assist the administering agency in statistical analyses and will not be used for any other purpose.

22. Do you have any physical, mental or emotional handicaps, impairments or disabilities? Yes No

23. Predominant race/ethnicity: (Circle One) : A. Native American B. African American C. Caucasian American
D. Oriental American E. Spanish American F. Other

24. How did you first hear of the START Saving Program? (Circle One) A. TV B. Radio C. Newspaper D. START/LOSFA Publication
E. Other Publication F. School Contact G. College Contact H. Day Care/Nursery
I. Hospital/Dr. Office J. Financial Institution K. Word of Mouth L. Other

Section H: GOVERNING LAWS AND NOTICES & ACCOUNT OWNER'S CERTIFICATION

The terms of this Owner's Agreement will be interpreted in accordance with applicable Federal and State law and the Louisiana Tuition Trust Authority (LATTA) rules and regulations. If any provision of this Agreement is determined to be unenforceable, the remaining provisions shall remain in full force and effect. I understand and agree that: If the funds are not used to meet the Qualified Higher Education Expenses of the Beneficiary, there may be tax consequences; the assets of the LATTA reserved for payment of the obligations of the LATTA pursuant to the Owner's Agreement shall be placed in the Louisiana Tuition and Savings Fund (the "Fund"); any claim filed by an Account Owner or Beneficiary against the LATTA pursuant to the Owner's Agreement shall be made solely against the assets of the Fund; no Account Owner or Beneficiary of an Education Savings Account shall have any claim against the state general fund or other funds or revenues of the State, or against the funds of any postsecondary education institution; the LATTA guarantees payment of the redemption value of a START Saving Program Account for amounts invested in the START Fixed-Return Investments; the LATTA does not guarantee any investment in equities; the LATTA reserves the right to amend the rules regulating the START Saving Program in accordance with the Louisiana Administrative Procedure Act; any amendments to applicable state or federal statutes and/or regulations shall automatically amend the Terms and Conditions of the Owner's Agreement; and any notice required to be given to the Account Owner or Beneficiary will be effective if mailed by first class mail to the latest address I have provided LATTA.

Account Owner's Certification and Authorization

I, meaning the Account Owner named in Section A, certify that I am of full legal age and that the information I have provided in this Owner's Agreement is true, complete and correct to the best of my knowledge and belief and is made in good faith. I agree to be bound by the statutes, regulations and rules governing the START Saving Program. I have read and understand the START Disclosure Statement and the Terms and Conditions incorporated into this Account Owner's Agreement. I authorize the LATTA, or its agents, to access my state and federal income tax returns and to use information gained thereby to verify information I have provided in this Agreement and to verify my federal adjusted gross income for the purpose of determining eligibility for Earnings Enhancements. I further authorize the LATTA to release information pertaining to this agreement but only to those agencies or individuals that the LATTA determines to be essential to effectuate the purpose of this agreement.

Owner: _____ Owner: _____ Date: _____
(Print Name) (Signature)

OFFICE USE ONLY: Account Number Assigned: _____ Date: _____