

Louisiana START College Saving Plan

Recurring Contribution/ Electronic Funds Transfer Form



- Complete this form to start, change, or stop a recurring contribution from your bank account, or to add or change bank account information for contributions by electronic transfer from a bank. Complete and submit a separate form for each Account you own in the Louisiana START College Saving Plan.
- You can start, change, or stop Recurring Contribution and Electronic Funds Transfer (EFT) by accessing your Account online at **start.laregents.edu**.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Forms can be downloaded from our website at **start.laregents.edu**, or you can call us to order any form—or request assistance in completing this form—at **.855.836.5387** any business day from 7 a.m. to 7 p.m. Central Time. Terms used in this form not otherwise defined, have the same meaning as those terms used in the Louisiana Start College Saving Program Description Booklet.

Return this form and any other required documents to:

Louisiana START College Saving Program
PO Box 219081
Kansas City, MO 64121

For overnight delivery or registered mail, send to:

Louisiana START College Saving Program
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account information

$$\square\square\square\square\square\square\square\square - \square\square$$

Account Number

[illegible]

Name of Account Owner (first, middle initial, last)

$$\boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Telephone Number (In case we have a question about your Account.)

[illegible]

Name of Beneficiary (first, middle initial, last)



2.

- Contributions by Recurring Contribution or EFT will be unavailable for distribution for seven (7) calendar days.

A. ☐ Recurring Contribution. You can transfer money from your bank account to your Louisiana Start College Saving Program Account on a set schedule.

- ☐ Add this option to my Account. (Provide the information below and in **Section 2c.**)
- ☐ Change my investment amount and/or debit date. (Provide the new amount and/or debit date below.)
- ☐ Change my bank account information. (Provide the information in **Section 2c.**)
- ☐ Stop this option.

Amount of Debit: \$, . 00

Frequency (Check one): ☐ Monthly (\$1 minimum) ☐ Quarterly (\$1 minimum)

Start Date:* - -
Date (mm/dd/yyyy)

* Your bank account will be debited on this date and your investment will be credited to your Louisiana Start College Saving Program Account on the previous business day. If you indicate a start date that is within the first four (4) days of the month, there is a chance that your investment will be credited on the last business day of the previous month. If you do not indicate a start date, your bank account will be debited on the 20th of the applicable month. See the Description Booklet for further information.

☐ **Annual Increase.** You may increase your Recurring contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market.

Amount of increase: \$ [] . [] [] [] . 0 0

Month:**

****** The month in which your Recurring contribution will be increased. The first increase will occur at the first instance of the month selected. Annual Recurring increases are subject to the general contribution limits of Louisiana Start College Saving Program and will also count toward annual federal gift tax exclusion limits.

B. ☐ EFT. Add bank information for future electronic transfers. We will keep your bank instructions on file for future EFT contributions. You can transfer \$1 or more from your bank account to your Louisiana Start College Saving Program Account at any time simply by calling us or requesting a transfer online.

- ☐ Add ☐ Delete

C. Bank Information. Recurring Contribution and EFT can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.

Important: I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

- Complete this section if you are adding a Recurring Contribution to your Account or if you are changing your bank account information.
- This bank account information will be available across all Beneficiaries within the same account string.

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Bank Name

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Bank Routing Number

[illegible]

Bank Account Number

Account Type: ☐ Checking ☐ Savings
(Check One.)

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

3. Signature — YOU MUST SIGN BELOW

I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations. I authorize the Program Manager and Ascensus Investment Advisors, LLC., upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me by initiating credit or debit entries to my account at the bank named in **Section 2c**. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions to my account must comply with U.S. and Louisiana law. I further agree that the Plan Officials will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as Ascensus, LLC. has had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 2c**.

SIGNATURE

Signature of Account Owner

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Date (mm/dd/yyyy)

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