

LSA
START
SAVING PROGRAM

- Terms used in the Form not otherwise defined have the same meaning as those terms in the Louisiana Start College Saving Program Description Booklet. 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 **1.855.836.5387** any business day from 7 a.m. - 7 p.m. Central Time.

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

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2. Beneficiary information

Name of Beneficiary (first, middle initial, last)

Social Security Number or Taxpayer Identification Number **(Required)**

3. Reason for distribution (Choose only **one** of the following six options.)

- To access the funds in this beneficiary's Earnings Enhancement account, you must make a qualified distribution payable to the college or university. Other types of distributions will not use your Earnings Enhancement funds. For more information about Earnings Enhancement distribution rules, please refer to the Program Description.

A. ☐ **Qualified Distribution to the Account Owner.*** My distribution will be used to pay for the Beneficiary's Qualified Higher Education Expenses at an eligible education institution or program. *(You will receive a check at your address of record.)*

1. ☐ By Check to the address of record.

2. ☐ By Automated Clearing House (ACH) to Bank Account Owner (already on file).
Please confirm bank information on file:

Bank Name

Last four digits of Bank Account Number

B. ☐ **Qualified Distribution to the Beneficiary.*** My distribution will be used to pay for the Beneficiary's Qualified Higher Education Expenses at an eligible education institution or program. *(The Beneficiary will receive a check at the address on file.)*

1. ☐ By Check to the beneficiary address of record.

C. ☐ **Qualified Distribution to an eligible college or university.*** *(Provide the exact school address below.)*

Name of School *(Complete only if the distribution is to be sent directly to the school.)*

Department / Office / Contact Name

Student ID

Mailing Address

City

Mailing Address Line 2

City

State

Zip Code

D. ☐ **Qualified Distribution for K-12 Tuition.**

Please note: If you are an Louisiana taxpayer, a distribution for K-12 Tuition for enrollment or attendance at a school outside of Louisiana may be subject to recapture of the Louisiana state income tax credit.

Is the K-12 Tuition for enrollment or attendance at a school in Louisiana?

☐**Yes**☐**No**E. ☐ **Indirect Rollover.** I will invest my distribution in another 529 plan within the next 60 days. *(You will receive a check at your address of record.)*F. ☐ **Non-Qualified Distribution to the Account Owner.**** My distribution will not be used to pay for the Beneficiary's Qualified Higher Education Expenses. *(You will receive a check at your address of record.)*G. ☐ **Non-Qualified Distribution to the Beneficiary.**** My distribution will not be used to pay for the Beneficiary's Qualified Higher Education Expenses. *(The Beneficiary will receive a check at the address on file.)*

* The IRS and the Louisiana Department of Revenue may require you to prove that your distribution is for Qualified Higher Education Expenses. Consult the IRS or your tax advisor for current documentation requirements.

** Earnings on Non-Qualified Distributions may be subject to federal income tax and a 10% federal penalty tax, as well as state and local income taxes. Tax and other benefits are contingent on meeting other requirements and certain other withdrawals may be subject to federal, state, and local taxes. Deposits to START accounts are deductible from reported Louisiana income, up to \$2,400 per year, per beneficiary. Unused portions may be carried forward to subsequent tax years. Married couples filing jointly may deduct deposits to START accounts from Louisiana State Taxable Income up to a maximum of \$4,800 per year, per beneficiary, and any unused portion may be carried forward to subsequent tax years. This credit may be subject to recapture from the Account Owner (not the contributor) in certain circumstances, such as rollovers to another state's 529 plan, federal nonqualified withdrawals, withdrawals used to pay elementary or secondary school tuition for a school outside of Louisiana, education loan repayments, or rollovers to a Roth IRA account, as described in the Program Description Booklet.

4. Amount of distribution *(Choose one.)*

- A. ☐ **Full balance.** Withdraw the entire amount held in all of the Investment Options in my Account, discontinue my Recurring Contributions (if applicable), and close this Account.

Important: If you contribute to your Account through payroll deduction, you must notify your employer to cancel these contributions.

- B. ☐ **Partial amount of \$**

Withdraw this amount proportionately from among my current Investment Options.

If the amount you indicate exceeds the amount available in your Account, we will liquidate the entire balance, discontinue any Recurring Contributions and close your Account.

- C. ☐ **Partial amount as follows.**

Important: If the dollar amount you indicate for a particular Investment Option exceeds the amount available for withdrawal, we will liquidate the entire balance of that Investment Option.

Name of Investment Option	Dollar amount (For partial amounts.)	OR	Total balance (Check if applicable.)
	\$		☐
	\$		☐
	\$		☐
	\$		☐
	\$		☐
	\$		☐
	\$		☐

5. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all terms and conditions of the Program Description Booklet and understand the rules and regulations governing distributions from my Louisiana Start College Savings Program Account. I also certify that the information provided on this form is accurate and hereby instruct Indiana529 to distribute my Account as I have indicated. I understand that a Form 1099-Q reporting the distribution will be issued to the Account Owner or Beneficiary, as applicable.

Signature of Account Owner

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Date (mm/dd/yyyy)