

START K12

- Terms used in the Form not otherwise defined have the same meaning as those terms in the Louisiana START K12 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** Monday through Friday 7 am - 7 pm CT.

For overnight delivery or registered mail, send to:
Louisiana START K12 Program
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

Account Number

Social Security Number or Taxpayer Identification Number **(Required)**Name of Account Owner (first, middle initial, last)

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



[illegible]

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**** 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 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 Description Booklet and understand the rules and regulations governing distributions from my Louisiana START K12 Program Account. I also certify that the information provided on this form is accurate and hereby instruct Louisiana START K12 Program 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

Signature of Account Owner

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

Date (mm/dd/yyyy)

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