



1st Request

RE:

To Whom It May Concern:

A mutual client has requested that the assets referenced on the attached Incoming Rollover Form be rolled over to the Louisiana START K12 Program.

The Louisiana START K12 Program has established an account for our client, which operates as a qualified plan under Section 529 of the Internal Revenue Code. The program hereby agrees to accept the rollover and upon receipt will apply the proceeds to the 529 college savings plan account established for our client.

Please indicate the Account Owner's name, Louisiana START K12 Program, the beneficiary's name and account number on the check. Also, please include the principal and earnings portion of the withdrawal for proper reporting purposes.

Account Owner:

Account Number:

Beneficiary:

Please make checks payable to: Louisiana START K12 Program
PO Box 219153
Kansas City, MO 64121

If you have any questions, please contact us at 1-855-836-5387 Monday through Friday 7 am - 7 pm CT. A Louisiana START K12 Program consultant will be glad to assist you.

Thank you for your prompt attention.

Sincerely,

Louisiana START K12 Program

START K12

- 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. Terms used in this form not otherwise defined have the same meaning as those terms used in the Louisiana START K12 Program Description Booklet.

**Louisiana START K12 Program
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131**

☐ Transfer from Education Savings Account (ESA)

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



3. Current 529 Plan Manager or ESA Custodian (Financial Institution)

The account from which you are moving assets must have the same Account Owner name as well as Social Security number or Taxpayer Identification number as your Account with Louisiana START K12 Program. Please contact your current 529 plan manager or custodian for proper mailing address.

Account Number of 529 Plan or ESA

Name of Current 529 Plan Manager or Custodian (Usually a financial institution)

Full Name of 529 Plan (If applicable)

Address

City

State

Zip Code

Contact Person

Telephone Number

☐

Check this box if the Beneficiary on this Account differs from the Beneficiary listed in **Section 2**.

4. Instructions to Current 529 Plan Manager or ESA Custodian

The assets described below must all be held by the financial institution listed in **Section 3**. Your rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you have not established an Account, the assets will be invested according to what you choose on the **Enrollment Form**.

Check one.

- A. ☐ **Roll over all of the assets in my account to Louisiana START K12 Program.** (To list more than two Accounts, use a separate sheet.)

Account Number

\$

Estimated Account Value

Account Number

\$

Estimated Account Value

- B. ☐ **Roll over a portion of the assets as directed below to Louisiana START K12 Program.** (To list more than two options, use a separate sheet.)

Account Number

Name of Investment Portfolio

\$

Dollar Amount

Account Number

Name of Investment Portfolio

\$

Dollar Amount

5. Signature — YOU MUST SIGN BELOW

If your current 529 plan manager or custodian requires a Medallion Signature Guarantee, do not sign below until you are in the presence of an authorized officer of a bank, broker, or other qualified financial institution. The guaranteeing institution is financially responsible if the signature is not genuine. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature. The lack of a required Medallion Signature Guarantee could delay this rollover.

I certify that I have read and understand, consent, and agree to all of the terms and conditions of the Description Booklet, and understand the rules and regulations governing rollover contributions from other 529 plans and education savings Accounts. I understand that IRS regulations permit only one such rollover for the same beneficiary in a 12-month period for 529 plan accounts.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Medallion Signature Guarantee — IF APPLICABLE

SIGNATURE

Signature Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Authorized Officer to place stamp here

Note: Medallion Signature Guarantee cannot be faxed to Louisiana START K12 Program.

6. Authorization and acceptance *(No Account Owner action is necessary in this section.)*

The Louisiana START K12 Program hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the Account established on behalf of the Account Owner named herein.

**Authorized signature, Louisiana START K12 Program****INSTRUCTIONS TO CUSTODIAN**

Send redemption proceeds by check to **Louisiana START K12 Program, PO Box 219153, Kansas City, MO 64121**. Make the check payable to **Louisiana START K12 Program**. Include the Account Owner name and the Louisiana START K12 Program Account number (if provided) on the check and enclose a statement that shows the principal and earnings in the Account.

[PAGE LEFT BLANK INTENTIONALLY]