

# 1) Open an account



Louisiana's Student Tuition Assistance & Revenue Trust

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## Account Owner's Information

### PLEASE NOTE:

The enrollment process must be completed timely to avoid system errors from timeouts during submission.

After enrollment, please have the following information available before creating a beneficiary account:

- You (the Account Owner) and your Beneficiary's Social Security Number
- You (the Account Owner) and your Beneficiary's Date of Birth
- You (the Account Owner) and your Beneficiary's Mailing addresses and phone number
- You (the Account Owner) and your Beneficiary's Parish of residence
- Your Beneficiary's school name
- Your primary successor's Date of Birth, Social Security Number, mailing address and phone number
- Your contingent successor's Date of Birth, Social Security Number, mailing address and phone number (optional)
- You must select at least one investment option for deposits to your account

Please select the account type you will be accessing and/or creating.

**\*Account Type**

Individual

Please enter the Account Owner's information below. The Account Owner is the natural person opening the account. The name must be exactly as recorded on your most recent Louisiana and/or federal tax returns. The person funding the account.

**\*Account Owner's Social Security #**

###-##-####

**\*Account Owner's Date of Birth**

MM/DD/YYYY



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## 2) Enter basic information



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### Account Administrator Information

<b>Name</b>			
* First	Middle	* Last	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address</b>			
* Address 1 <input type="text"/>			
Address 2 <input type="text"/>			
* City <input type="text"/>	* State <input type="text"/>	* Zip <input type="text"/>	
* Country <input type="text"/>			
<b>Phone/Email</b>			
Daytime Country Code <input type="text"/>	* Phone <input type="text"/>	Ext. <input type="text"/>	Evening Phone <input type="text"/>
Email <input type="text"/>			
<b>Residency</b>			
* U.S. Citizen, Permanent Resident, or legally residing in the United States with a valid Social Security Number? <input type="text"/>			
* Permanent Resident of Which State? <input type="text"/>			
<b>Mail Preference</b>			
I elect to receive annual statements, newsletters and other correspondence from the Louisiana Tuition Trust Authority/START Saving Program as follows:			
* Please select your mail delivery preference <input type="text"/>		Paper Delivery will be made to the address provided above.	

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Select "Email" for mail delivery preference (unless you want mailed statements)

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### 3) Enter your security and login information

#### Web Account Information Setup

**Web Account Credentials**

Username must adhere to the following rules:

- Minimum of 6 characters
- Maximum of 10 characters
- Username can only contain the following special characters (~!@#\$%^&\*()\_-{}?)

**\*Username**

Password must adhere to the following rules:

- Minimum of 8 characters
- Maximum of 15 characters
- Must contain at least one uppercase letter
- Must contain at least 1 number
- Must contain at least one of the following special characters (~!@#\$%^&\*()\_-{}?)
- Must not begin with any special character

**\*Password**

**\*Confirm Password**

**Security Questions**

<b>* Security Question 1</b>	<b>* Security Answer 1</b>
<input type="text"/>	<input type="text"/>
<b>* Security Question 2</b>	<b>* Security Answer 2</b>
<input type="text"/>	<input type="text"/>
<b>* Security Question 3</b>	<b>* Security Answer 3</b>
<input type="text"/>	<input type="text"/>

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#### 4) Select “+Add Beneficiary” and open a “START” account



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+ Add Beneficiary

##### Account List

Below is a list of accounts that we've found for you. Please click on an account number to see more details.

Account #	Program	Beneficiary	Status	Date Opened	Balance
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No records were found. Please use the Add Beneficiary button above to create a new account!

Total All Accounts: \$0.00



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#### Program Selection

\* Select the type of account you wish to open

START

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## 5) Select “Self (Qualifies as an Independent Student)”

### Beneficiary Information

The Beneficiary is the student who will receive benefits from the account.

#### Relationship

\*What is your relationship to the Beneficiary (the student who will receive benefits from the account)?

Self (Qualifies as an Independent Student)



#### Independent Student Classification

Independent Student is a person who is defined as an Independent Student by the Higher Education Act of 1965, as amended (HEA), and if required, files an individual federal income tax return in his/her name and designates him/herself as the Beneficiary of an ESA. The HEA defines Independent Student as a student who:

- a. Reached 24 years of age prior to January of the year preceding the academic year for which the student is applying for aid;
- b. Is a veteran of the U.S. Armed Forces, including a student who was activated to serve in Operation Desert Storm or is currently serving on active duty in the Armed Forces for other than training purposes;
- c. Is an orphan, in foster care, or a ward of the court or was in foster care or was a ward of the court until the individual reached the age of 18;
- d. Has legal dependents other than a spouse;
- e. Is a graduate or professional student;
- f. Is married; or
- g. Has been determined independent by a financial aid officer exercising professional judgment in accordance with applicable provisions of the Higher Education Act of 1965, as amended.

An Independent Student may only open an account as an Account Owner if he/she is 18 years or older.

## 6) Enter the school you are attending



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#### Postsecondary Institution

Select a tentative school that can be changed at a later time with an account update form.

**\* School State**

Louisiana

**\* School**

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## 7) Enter successor information

### Successor Owner Information

#### Personally Identifiable Information

\* Social Security #

\* Date of Birth

#### Name

Title

\* First

Middle

\* Last

#### Address

\* Address 1

Address 2

\* City

State

\* Zip

\* Country

#### Phone/Email

Daytime

Country Code

\* Phone

Ext.

Evening Phone

Email

#### Residency

\* U.S. Citizen or Permanent Resident?

\* Permanent Resident of Which State?

You do not need to designate an  
Alternate Successor to unlock  
your 529 benefits

## 8) Select “Automatic Bank Debit” for Deposit Method



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For amount, enter \$10 or you can enter how much you spend on rent in a year. Enter bank information for where you want to contribute from.

### Scheduled Deposit

NOTE: For a monthly recurring ACH, the FIRST ACH transaction processed will be a PRENOTE to verify the bank account and routing information. No funds will be withdrawn from your bank account in the PRENOTE process. This PRENOTE process may be delayed up to 30 days if the chosen Day of Month is not 7 days or more from today. The actual first withdrawal from your bank account will occur 30 days after the initial PRENOTE transaction.

One Time ACH contributions do not go through the PRENOTE process, but may be delayed as much as 30 days if the chosen Day of Month is not 7 days or more from today.

General			
* Deposit Method	* Deposit Amount	* Deposit Frequency	* Day of Month
Automatic Bank Debit	\$ .00	One-time	1st

Account Information		
* Account Type	* Bank Routing Number	* Bank Account Number
* Bank Account Owner Name		

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## 9) Elect 100% for “Louisiana Principal Protection Fund”

### Deposit Allocations

Please choose your option allocations below. Only enter whole percentages. The total allocation must equal 100%.

Option	<a href="#">View Option Details</a>	Allocation %
Louisiana Principal Protection Fund		100 %
Vanguard Age-Based Moderate Track Fund		0 %
Vanguard Age-Based Growth Track Fund		0 %
Vanguard Age-Based Aggressive Track Fund		0 %
Vanguard Total World Stock Index Fund Inst Shares		0 %
Vanguard Institutional Total Stock Market Index, Inst Plus		0 %
Vanguard Total International Stock Index Fund, Inst Shr		0 %
Vanguard Small-Cap Index Fund, Institutional Shares		0 %
Vanguard Mid-Cap Index Fund, Institutional Shares		0 %
Vanguard Large-Cap Index Fund, Institutional Shares		0 %
Vanguard Institutional Index Fund, Inst Shares (VINIX)		0 %
Vanguard Value Index Fund, Institutional Shares (VIVIX)		0 %
Vanguard Growth Index Fund, Institutional Shares (VIGIX)		0 %
<b>Total</b>		<b>100%</b>

\*Please choose the recipient of any account refunds in the event of account closure.

You (Account Owner)

\*Do you wish to receive electronic annual account statements?

Yes

# 10) Make sure everything is entered correctly and then submit to open an account

## Terms of Agreement

### GOVERNING LAWS AND NOTICES & ACCOUNT OWNER'S CERTIFICATION

The terms of the Participation 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 the 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 Participation 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 Participation 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 of Louisiana, 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 Louisiana Principal Protection Fund; 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 Participation Agreement; and any notice required to be given to the Account Owner or Beneficiary will be effective if mailed by first class mail (or e-mail if I have opted for electronic correspondence) to the latest address I have provided LATTA.

### Account Owner's Certification and Authorization

I, meaning the Account Owner named herein, certify that I am of full legal age and that the information I have provided in this Application 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 Booklet and the terms and conditions incorporated into the Account Participation 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 Application 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.

\* I Agree

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