

**Louisiana's 529A ABLÉ Program
Legal Entity's Account Application**

If you need assistance completing this form, call 1-800-259-5626

Louisiana's ABLÉ Program
PO Box 91008
Baton Rouge, LA 70821-9008

E-mail: laable@la.gov
Internet: www.able.osfa.la.gov
Telephone: 1-800-259-5626
Fax: (225) 612-6497

Instructions: The ABLÉ Account Owner is the disabled individual who is to benefit from the LAABLE Account. If the Account Owner is capable of handling his own affairs, he is both the Account Owner and the Account Administrator. If the Account Owner is not capable of completing this agreement due to age, disability, or other legal impediment, an Account Administrator may complete this agreement on his behalf. A Legal Entity may open a Louisiana ABLÉ Account by completing this agreement and designating an Account Administrator who is authorized to act for the legal entity on behalf of the Account Owner. The Legal Entity will need to provide documentation to the Louisiana ABLÉ Program that Account Owner has authorized the Legal Entity to act on his behalf for purposes the this program. This completed application along with any required documentation should be mailed to the Louisiana ABLÉ Account Program, P.O. Box 91008, Baton Rouge, LA 70821-9008, or by completing the on-line version at www.able.osfa.la.gov. If you submit this paper application, you should include a check or money order for at least \$10 payable to "LAABLE" with your application. Your first deposit must be at least \$10 and must be made within 180 days from the date on the letter of notification of approval of the account. **Type or print in ink.**

Section A: ACCOUNT OWNER (DISABLED INDIVIDUAL) INFORMATION

1. Ms. Mrs. Mr. (circle one)
Last Name:

First Name:

MI:

(Name must be exactly as recorded on your most recent Louisiana or federal tax return)

2. Social Security Number:

3. Date of Birth (Month/Day/Year)

4. Permanent Mailing Address: Number and Street (Include Apartment Number), City, State, Zip Code

5. U.S. Citizen or Permanent Resident?

Yes No

6. E-mail Address, if Applicable:

7. Contact Telephone Number:

Area Code Number

8. Alternate Telephone Number:

Area Code Number

9. The Account Owner is a Permanent Resident of What State?

Parish/County

Section B: BASIS OF ACCOUNT OWNER'S ELIGIBILITY Please select one of the following options which best describes the basis of the Account Owner's eligibility to open a Louisiana 529ABLE Account. Note that in all instances, the onset of the disability must have been before age 26.

10. Eligibility Basis: Please check one:

- Code A - Eligibility Established under IRC 529A(e)(1) (A), SSDI, Title II SSA
- Code B - Eligibility Established under IRC 529A(e)(1) (A), SSI, Title XVI SSA
- Code C - Designated beneficiary has a signed physician's diagnosis which will be provided to the LAABLE Program and/or the IRS upon request.

Section C: ACCOUNT OWNER'S TYPE OF DISABILITY Please select one of the following options which best describes the Account Owner's type of disability. This information will only be used for reporting purposes as required by law. Please check only one primary code for the type of disability for which the Account Owner is eligible to open an ABL Account. If more than one code applies, select the most significant code.

11. Type of Disability: Please check one:

- Code 1 - Developmental Disorders: (including Autism) Autistic Spectrum disorder; Asperger's Disorder, Developmental Delays and Learning Disabilities
- Code 2 - Intellectual Disability: May be reported as mild, moderate, or severe intellectual disability.
- Code 3 - Psychiatric Disorders: schizophrenia; Major depressive disorder; Post-traumatic stress disorder (PTSD); Anorexia nervosa; Attention deficit/hyperactivity disorder (AD/HD); Bipolar disorder.
- Code 4 - Nervous Disorders: Blindness, Deafness; Cerebral Palsy, Muscular Dystrophy, Spina Bifida, Juvenile-onset Huntington's disease; Multiple sclerosis; Severe sensorineural hearing loss; Congenital cataracts.
- Code 5 - Congenital Anomalies: Chromosomal abnormalities including Down Syndrome, Osteogenesis Imperfecta; Xeroderma pigmentosum; Spinal muscular atrophy; Fragile X syndrome; Edwards syndrome.
- Code 6 - Respiratory Disorders: Cystic Fibrosis
- Code 7 - Other

Section D: LEGAL ENTITY AND ACCOUNT ADMINISTRATOR INFORMATION. If the Legal Entity is authorized to act on behalf of the Account Owner, the Legal Entity will need to designate an Account Administrator. The Account Administrator will act on behalf of the Legal Entity for purposes of the Louisiana ABL Account. LOSFA will not open a LAABLE account until such time as documentation evidencing legal authority to act on behalf of the Account Owner is received. Submit documentation along with the application by mail or scan and e-mail to laable@la.gov.

12. Name of Legal Entity:

13. Permanent Mailing Address: Number and Street (Include Apartment Number), City, State, Zip Code

14. Legal Entity's Federal Employer Identification Number (EIN):

15. Legal Entity's Louisiana Revenue Account Number:

16. Name of the Agent Authorized to Act on Behalf of the Legal Entity (Account Administrator)
Ms. Mrs. Mr. (circle one)
Last Name: First Name: MI:

17. Account Administrator's E-mail Address, if Applicable:

18. Account Administrator's Telephone Number: 19. Account Administrator's Alternate Telephone No:
Area Code Number Area Code Number

Section E: SELECT A METHOD OF MAKING DEPOSITS: Mark all options that may apply.

- 20. Electronic Funds Transfer from Owner's Account (Form can be downloaded at www.able.osfa.la.gov)
 Direct Payments (Mail deposits to the LA ABLÉ Account Program, See Address on Page 1)

If you have chosen Electronic Funds Transfer, complete the Louisiana ABLÉ Authorization for Automatic Debits from a Personal Bank Account form. To activate your account, send a check or money order payable to "LA ABLÉ".

Section F: SELECT INVESTMENT(S) FUNDS: Investment funds and any applicable fees are fully explained in the ABLÉ Disclosure Booklet available upon request from the Louisiana ABLÉ Program or on our Web site at www.able.osfa.la.gov. You must thoroughly review the ABLÉ Disclosure Booklet prior to selecting your investment fund. In accordance with federal regulations, the investment fund(s) for future deposits may be selected at the time of the deposit, but the investment fund(s) for monies in an existing account may be changed only twice per calendar year. Choose the fund(s) in which your deposits will be placed. If more than one fund is selected, indicate the percentage of the deposit for each fund. The percentage must be a whole number (Examples: 10,15, 25, etc.) and the total percentage for all funds must total 100%.

- 21. Investment Funds
Vanguard Federal Money Market Fund (VMFXX) ___%
Vanguard Short-Term Bond Index Fund Admiral Shares (VBIRX) ___%
Vanguard Intermediate-Term Bond Index Fund Admiral Shares (VBILX) ___%
Vanguard LifeStrategy® Growth Fund (VASGX) ___%
Vanguard LifeStrategy® Moderate Growth Fund (VSMGX) ___%
Vanguard LifeStrategy® Conservative Growth Fund (VSCGX) ___%
Vanguard LifeStrategy® Income Fund (VASIX) ___%
Total ___% (Must equal 100%)

Section G: OPTIONAL RESPONSES: The following questions are OPTIONAL. They will assist the administering agency in statistical analysis and will not be used for any other purpose.

30. How did you first hear of the ABLÉ Program?

- | | |
|--|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> School Contact |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Day Care/Nursery |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Hospital/Dr. Office |
| <input type="checkbox"/> ABLÉ/LOSFA Publication | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Other Publication | |
| <input type="checkbox"/> Financial Institution _____ | |
| <input type="checkbox"/> Other _____ | |

31. Account Owner's Ethnicity:

- (Mark Only One) : Hispanic or Latino Not Hispanic or Latino
- Race: (Mark all that apply): American Indian or Alaska Native
 Asian
 Black or African American
 Multiracial
 Native Hawaiian or Other Pacific Islander
 White

Section H: GOVERNING LAWS AND NOTICES & ACCOUNT OWNER'S CERTIFICATION

On behalf of the Account Owner, I, the undersigned Account Administrator acting on behalf of the Legal Entity named in Section D, do hereby state, acknowledge and certify the following:

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. The Account Owner acting on his own behalf or through an Account Administrator, agrees to be bound by the statutes, regulations and rules governing the Louisiana ABLÉ Program and the terms and conditions incorporated into the Participation Agreement.

The Account Owner understands and agrees that: The person identified as its Authorized Agent (Account Administrator) in Section D is fully authorized to act on its behalf for all purposes related to this Louisiana ABLÉ Program Account. If the funds are not used to meet the Qualified Disability Expenses of the Account Owner, there may be tax consequences; the assets of the LATTA reserved for payment of the obligations of the LATTA with respect to the LA ABLÉ Account Program pursuant to the Participation Agreement shall be placed in a special fund in the state Treasury for LA ABLÉ Account Program accounts; any claim filed by or on behalf of an Account Owner against the LATTA pursuant to the Participation Agreement shall be made solely against the Account Owner's portion of the assets of this fund; no Account Owner of a LA ABLÉ account shall have any claim against the State General Fund or other funds or revenues of the State of Louisiana; the LATTA does not guarantee any investment in equities; the LATTA reserves the right to amend the rules regulating the LA ABLÉ Account 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 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 Administrator named in Section D, 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 LA ABLE Account Program. I have read and understand the LA ABLE Account Program Disclosure Booklet and the terms and conditions incorporated into the Account Participation Agreement. I certify that if I am not the account owner named in Section A, I am legally authorized to act on behalf of the account owner. 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.

Account Administrator: _____
(Print Name)

Account Administrator: _____
(Signature)

Date: _____