

**Deputy Sheriffs' Association Employer-Sponsored
College Savings Program (529 Plan)
Application Request Form**

Yes, I am interested in setting up a College Savings Plan
thru the Deputy Sheriffs' Association.

Please provide us with the following information:

Primary Account Owner's Name: _____
Date of Birth: _____
Job Title: _____

Contingent Account Owner's Name: _____
Date of Birth: _____

Child's Name: _____
Date of Birth: _____

Child's Name: _____
Date of Birth: _____

Child's Name: _____
Date of Birth: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

**Please send to: LPL Financial Services
Attn: Don Falorio
7825 Fay Ave., Suite 110
La Jolla, CA 92037-4247
Phone: (858) 551-8770 ext. 15
Fax: (858) 551-8702
Email: donald.falorio@lpl.com
Website: www.lpl.com/dorvilliermillerweil**