

INSTRUCTIONS

Use this form to verify Beneficiary (student) information and intentions on school choice. Please see the CollegeWealth Distribution Guide for more information. Account information and forms may be viewed at Virginia529.com.

1 Account Owner and Beneficiary (Student) Information

Account Owner Name	Beneficiary (Student) Name
Account Owner Social Security Number	Beneficiary (Student) Social Security Number
Account Owner Daytime Phone Number	Beneficiary Permanent Address (not temporary school address)
Account Number	City, State and Zip Code

2 School Information

Name of School at Which Beneficiary is Enrolled	Beneficiary Student Identification Number
School Street Address	School City, State and Zip Code

3 Information Release

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and other applicable state and federal law, the undersigned Account Owner and Beneficiary authorize the Virginia College Savings Plan and the school listed above to disclose to each other personally identifiable information, including the Beneficiary's Social Security Number, student identification number and any other account or invoice information necessary to process distribution requests. The undersigned certify that the information provided on this form is true and correct to the best of their knowledge. The undersigned understand that non-qualified distributions are subject to federal income tax on the earnings and a 10% earnings penalty. The undersigned certify that they have read and understand the information disclosed in the 2012-2013 CollegeWealth Distribution Guide regarding how to use a CollegeWealth account.

Account Owner Signature

Beneficiary (Student) Signature

Date

Date

For Office Use Only

PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW