

INSTRUCTIONS

Use this form to verify Beneficiary (student) information and intentions on school choice. Please see the inVEST and/or CollegeWealthDistribution 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)	
_____ inVEST/CollegeWealth Account Number(s)	_____ 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 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, as well as Virginia income tax implications. The undersigned certify that they have read and understand the information disclosed in the inVEST and/ or CollegeWealth Distribution Guide regarding how to use the account.		
_____ Account Owner Signature	_____ Beneficiary (Student) Signature	
_____ Date	_____ Date	

For Office Use Only

PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW