



**CollegeWealth**  
529 ACCOUNTS

## Distribution Request Form

Please Print

Account Number: \_\_\_\_\_

Account Owner's Name

Beneficiary Name

Account Owner's Daytime Phone Number

Beneficiary's School Identification Number

Participating Bank

For each CollegeWealth account, dual accounts are maintained at your participating bank and at the Virginia College Savings Plan. All distributions are processed by the Virginia College Savings Plan. Please contact us toll free at 1-888-567-0540 if you have any questions regarding this form or the distribution process.

Directions: Fill out one distribution request form for each individual payee. For example, if you would like us to pay tuition and/or fees directly to the institution and reimburse you directly for textbooks, please submit two separate requests. You will also need to indicate on this form the exact amount of the distribution requested. **(It is your responsibility to maintain adequate documentation that the funds you are requesting were used for qualified higher education expenses for tax purposes.)** Please see the CollegeWealth Distribution Guide for more information. CollegeWealth is not responsible for payment of any higher education expenses that exceed the current balance of a CollegeWealth account at the time a distribution is made.

PLEASE SELECT **ONE** OF THE FOLLOWING OPTIONS:

Check here to request an exact dollar amount and enter amount below:  
\$ \_\_\_\_\_ Dollar Amount

Check here to request all available funds in your CollegeWealth account without closing your account.

Check here to request all available funds in your CollegeWealth account and close your account.

**For Office Use Only**

Available Balance \_\_\_\_\_

Last Deposit \_\_\_\_\_

Source of Funds \_\_\_\_\_

Amount Approved \$ \_\_\_\_\_

Processing Approval \_\_\_\_\_

Funds Transfer Date \_\_\_\_\_

Banner Approval \_\_\_\_\_

Send Payment To:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Mail *or* Fax completed form to:

Virginia College Savings Plan, 9001 Arboretum Parkway, Richmond, VA 23236

Toll-free fax number: 1-866-757-1295

**Certification:** I understand that all distributions from CollegeWealth Accounts will be made subject to availability of collected funds as agreed to in the CollegeWealth Account Terms and Conditions. I certify that the information I have provided is true and correct to the best of my knowledge. I understand that non-qualified distributions are subject to federal income tax on the earnings and a 10% of earnings penalty to be reported on my tax return.

\_\_\_\_\_  
Signature (Account Owner)

\_\_\_\_\_  
Date