



VEST STUDENT VERIFICATION FORM

VEST Account Number	
Account Owner Name	Account Owner Social Security Number
Beneficiary (Student) Name	Beneficiary (Student) Social Security Number
Name of School at Which Beneficiary is Enrolled	Student (Beneficiary) Identification Number at School
Account Owner Daytime Phone (<i>Area Code and Number</i>)	Account Owner Evening Phone (<i>Area Code and Number</i>)

STUDENT PERMANENT MAILING ADDRESS

Street Address (<i>include apartment number</i>)		
City	State	Zip

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 to disclose and receive personally identifiable information, including the Beneficiary's Social Security Number and School 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 and belief. The undersigned understand that non-qualified distributions are subject to federal income tax on the earnings and a 10% of earnings penalty.

Beneficiary Signature

Account Owner Signature

Date

Date

PLEASE RETURN THIS FORM NO LATER THAN June 2, 2010, to the Virginia College Savings Plan, 9001 Arboretum Parkway, Richmond, VA 23236, or fax it to us toll free at 1-866-757-1295.

Failure to return this form by the date indicated may result in a delay in the processing of your distribution.