



VEST CHANGE OF BENEFICIARY FORM

ACCOUNT OWNER'S NAME: _____

VEST ACCOUNT NUMBER: _____

ORIGINAL BENEFICIARY: _____

SUBSTITUTE BENEFICIARY INFORMATION

NAME OF SUBSTITUTE BENEFICIARY: _____

RELATIONSHIP TO ORIGINAL BENEFICIARY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SSN: _____

BIRTH DATE: _____

CURRENT GRADE OR AGE: _____

PROJECTED ENROLLMENT YEAR: _____

As the Account Owner to the Virginia Education Savings Trust account listed above, I acknowledge that pursuant to the VEST Program Description and with the Board's approval, I may elect to transfer unused VEST account balances to a substitute beneficiary. I understand that the substitute beneficiary must be a "Member of the Family" (as defined in the VEST Program Description) of the original beneficiary. ("Member of the Family" generally includes the original beneficiary's parents, siblings, step-siblings, adopted siblings, or child.) I certify that I have neither given nor received any payment or other consideration for the transfer of this VEST account.

Account Owner's Signature: _____ Date: _____

Revised September 2005