



RIGHT OF SURVIVORSHIP DESIGNATION CHANGE FORM
VIRGINIA PREPAID EDUCATION PROGRAM (VPEP)

As the Account Owner ("Owner") of the Virginia Prepaid Education Program Account listed below, I request that the Right of Survivorship for this VPEP Account be changed as specified.

ACCOUNT OWNER'S NAME	ACCOUNT NUMBER
_____	_____

ACCOUNT OWNER'S SIGNATURE (OR SIGNATURE OF EXECUTOR OR PERSONAL REPRESENTATIVE)	DATE
_____	_____

NEW RIGHT OF SURVIVORSHIP INFORMATION

NEW DESIGNEE NAME	NEW DESIGNEE SOCIAL SECURITY/TAX ID NUMBER
_____	_____

NEW DESIGNEE'S ADDRESS

HOME TELEPHONE NUMBER	DAYTIME TELEPHONE NUMBER
_____	_____
(AREA CODE AND NUMBER)	(AREA CODE AND NUMBER)