



VEST ACCOUNT ACCESS AUTHORIZATION FORM

Virginia Education Savings Trust account information is confidential and may be released only to the purchaser. You may authorize another individual or organization to have access to your account information. If you would like for us to release information about your account(s) please indicate below the individual or contact in an organization who is authorized to receive information and sign and return this form to us at 9001 Arboretum Parkway, Richmond, Virginia 23236 Only the purchaser may cancel a contract or transfer or convert benefits.

If you have any questions, please call us toll free at 1-888-567-0540. Thank you for your participation in the Virginia Education Savings Trust.

Name: _____

Organization (if applicable): _____

Address: _____

SSN or TIN (Optional: for verification purposes only). _____

Name: _____

Organization (if applicable): _____

Address: _____

SSN or TIN (Optional for verification purposes only). _____

I hereby authorize the above named individual(s) or organization(s) to obtain information on my Virginia Education Savings Trust account(s).

Account Owner's name (please print): _____ Date: _____

Account Owner's signature: _____

VEST Account Number(s): _____
