



## VPEP ACCOUNT OWNER ACCEPTANCE FORM

As the Account Owner of a Prepaid Tuition Contract, I acknowledge that I have received the Master Agreement describing the basic terms and conditions of the Virginia Prepaid Education Program ("VPEP"). I understand that the Master Agreement, and the documents incorporated therein, taken together constitute my contract ("Contract") with the Board relating to the purchase of higher education benefits for the beneficiary designated in the application I submitted to the Board.

I agree to abide by the terms of the Contract. I understand and acknowledge that the Contract and VPEP provisions may be amended by the Board from time to time if the Board determines that to be in VPEP's best interests. No such amendments will alter the fundamental rights and obligations of the parties to the Contract. I further understand that it is the Board's intent to promptly notify me of such changes. I agree to be bound thereby unless I promptly notify the Board of my intent to terminate the Contract.

I understand that the Contract shall become effective upon the Board's receipt of (a) this completed Account Owner's Acceptance Form, and (b) my payment of the first payment due under the contract. I further understand and acknowledge that all refunds are payable to me as the Account Owner.

### I. ACCOUNT OWNER INFORMATION

Account Owner's Name	Owner's Account Number
Beneficiary Name	Beneficiary Social Security Number

### II. DESIGNATION OF RIGHT OF SURVIVORSHIP

*if an individual, must be over 18 years of age: may be a corporation, partnership, or trust*

In accordance with the Master Agreement, in the event of my death, I appoint the following as the party to whom I desire to transfer my rights and obligations under the Contract (print name and address of designated party below):			
Name			
Address	City	State	Zip

### III. DESIGNATION OF ADDITIONAL INDIVIDUAL AUTHORIZED TO ACCESS INFORMATION ON THIS ACCOUNT:

Beneficiary       Individual or entity designated in Section II above (Designee of survivorship rights)

Other individual or entity      Name \_\_\_\_\_

*Please list name, address and SSN here*      Address \_\_\_\_\_

SSN (optional) for future identification purposes \_\_\_\_\_

To evidence my acceptance of the terms and conditions of the Master Agreement and my designation of survivorship rights as set forth above, my signature as Account Owner is set forth below:

\_\_\_\_\_  
Signature of the Account Owner or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title if an Authorized Representative

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