

INSTRUCTIONS

Use this form to transfer ownership of your Virginia529 account to another individual or entity. All forms and account information are available online at Virginia529.com.

1	Current Account Owner Information
<p>As the account owner ("Account Owner") of a Virginia529 account (the "Account"), I acknowledge that with the approval of the Board, I may transfer ownership of the account to another individual or entity. As the account owner of the account listed below, I certify that I have neither given nor received any payment or other consideration for the transfer of the account and acknowledge that by signing this form I relinquish all rights and responsibilities related to the account to the new account owner.</p>	
<p>_____</p>	
Current Account Owner Name (please print)	Account Number
<p>_____</p>	
Current Account Owner Signature	Date
2	New Account Owner Information
<p>_____</p>	
New Account Owner Name	New Account Owner Social Security Number
<p>_____</p>	
New Account Owner Street Address	New Account Owner City, State, Zip Code
<p>_____</p>	
Phone Number(s) (please indicate day, evening or cell)	Email Address
<p>_____</p>	
Relationship to Beneficiary	
<p>_____</p>	
3	Reason for Transfer
<p>Is the reason for this transfer due to the account owner's death or disability?</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please include a copy of the death certificate or documentation of disability)</p>	
4	New Account Owner Signature
<p><i>I certify that as the new account owner of the account listed above, I am at least 18 years of age, or a representative of a corporation, partnership, trust or charitable organization, and that I have neither given nor received any payment or other consideration for the transfer of the account. By signing below, I acknowledge that I have read and understand the terms and conditions and explanation of fees charged and that I have read and understand the Plan's Privacy Policy as applicable to the account being transferred to me as indicated above. I also acknowledge that I have had the opportunity to download or request a hard copy of these documents. I understand that these documents together constitute a legally binding Agreement. I agree to all existing terms and conditions related to this account. I hereby certify that all of the information supplied is true and correct to the best of my knowledge. I understand that I will be assessed a \$10.00 fee unless this change is due to the account owner's death or disability.</i></p>	
<p>_____</p>	
New Account Owner Signature	Date

Office Use Only

PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW