

### INSTRUCTIONS

Use this form to authorize another individual(s) or organization(s) to have access to information about your Virginia529 account(s). Account information is confidential and is normally only accessible to the account owner; however, by completing this form, you may select an individual who will have access to your account information including, but not limited to, account balances, investment selections, and beneficiary information. Account information, this form, and other 529 account forms are available online at Virginia529.com. **NOTE: While only the account owner may cancel an account or contract, transfer or convert benefits, or authorize a distribution, authorized individuals are permitted to change their address of record on your account independently.** Please provide a separate form for each authorized individual to be added.

<b>1</b>	<b>Account Information</b>
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Account Owner Name	Account Number(s)

<b>2</b>	<b>Authorized Individual Information</b>
<i>Please select one: Individual:</i> <input type="checkbox"/> add <input type="checkbox"/> remove <input type="checkbox"/> replace <b>Financial Advisor:</b> <input type="checkbox"/> add <input type="checkbox"/> remove <input type="checkbox"/> replace	
Authorized Individual Name	Social Security Number or Tax Identification Number (Required only for online access to account information)
Street Address	City, State, Zip Code
Organization (if applicable)	Email Address (required)
Day Phone Number	Evening Phone Number
Is this Authorized Individual being given access because they are a Financial Advisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>3</b>	<b>Signature</b>
I hereby authorize the above individual, organization or financial advisor to obtain information regarding my Virginia529 account(s).	
Account Owner Signature	Date

Office Use Only
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**PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW**