

### INSTRUCTIONS

Use this form to terminate your Virginia529<sup>SM</sup> account. All forms and account information are available online at Virginia529.com.

<b>1</b>	<b>Account Information</b>
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Account Owner Name	Account Number
<hr/>	<hr/>
Account Owner Street Address	City, State, Zip Code
<hr/>	<hr/>
Daytime Phone Number	Evening Phone Number
<hr/>	<hr/>

<b>2</b>	<b>Reason for Cancellation</b>
<input type="checkbox"/> Beneficiary Death/Disability/Scholarship	
<input type="checkbox"/> Other (Please provide a brief description):	
<hr/>	
<hr/>	
<hr/>	

<b>3</b>	<b>Signature</b>
<p>As the account owner of the above-referenced account and pursuant to the Program Description, I hereby request that the above-referenced account be cancelled and a refund be issued to me at the address above.</p> <p>Certification: I certify that the information I have provided is true and correct to the best of my knowledge. I understand that non-qualified distributions are subject to federal income tax on the earnings and Virginia state income tax for Virginia taxpayers as well as a federal penalty tax of 10% penalty of the earnings, reported on the taxpayer's federal tax return. I also understand that if I am a Virginia resident, I may be required to recapture all or part of any deductions taken from my Virginia taxable income related to payments/contributions made to the above-referenced account.</p>	
Account Owner Signature	Date
<hr/>	<hr/>



**PLEASE RETURN THIS FORM TO THE FAX NUMBER BELOW**