

### INSTRUCTIONS

Use this form to terminate your Virginia529<sup>SM</sup> Account.

To assist in the identity verification process, please provide Virginia529 with a **copy of the front and back of the following document** along with your completed form:

- A form of an unexpired government-issued photo identification (such as a driver's license, passport, or identification card).

**Note:** A \$25 processing fee will be assessed with the submission of this form. The fee will be waived if the Account is being cancelled due to death, disability, or receipt of scholarship of the Beneficiary (Student).

### SECTION 1 | Virginia529 Account Information

Account Owner Name

Account Number

Street Address

City, State, Zip Code

Phone Number

Email Address

### SECTION 2 | Reason for Cancellation

- ☐ Student Death/Disability/Scholarship
- ☐ Other (Please provide a brief description):

### SECTION 3 | Account Owner Signature

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. I understand that by using this form, a \$25 processing fee will be assessed to my account, and that this fee will be waived if the cancellation is due to the Beneficiary's (Student's) death, disability, or receipt of scholarship.

I certify that the information I have provided is true and correct to the best of my knowledge. I understand that Non-Qualified Withdrawals 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, as 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.

Account Owner's Signature

Date