

INSTRUCTIONS

Use this form to terminate your Virginia529SM Account. All forms and Account information are available through your secure online account at Virginia529.com.

SECTION 1 | Virginia529 Account Information

Account Owner Name

Account Number

Street Address

City, State, Zip Code

Daytime Phone Number

Evening Phone Number

SECTION 2 | Reason for Cancellation

- Beneficiary (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 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