

### 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**:

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

### SECTION 1 | Virginia529 Account Information

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Account Owner Name

Account Number

Street Address

City, State, Zip Code

Daytime Phone Number

Evening Phone Number

### SECTION 2 | Reason for Cancellation

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

### SECTION 3 | Account Owner Signature

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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