

### INSTRUCTIONS

Use this form to select a new or replace a current Designated Survivor or select a new or replace a current Successor Designated Survivor on your Virginia529<sup>SM</sup> account. The Designated Survivor is the party who will take ownership of the Virginia529 account in the event of your death. In addition to naming a Designated Survivor, you may also name a Successor Designated Survivor who will take ownership in the event of the Designated Survivor's death. All forms and account information are available at Virginia529.com.

|  |   |
|--|---|
| <b>1</b>   | <b>Account Information</b>                                  |
| <hr/> <hr/>  |   |
| Account Owner Name   | Account Number  |
| <hr/>  |   |
| <b>2</b>   | <b>Designated Survivor Information</b>                      |
| <b>Please select one:</b> <input type="checkbox"/> new <input type="checkbox"/> replace existing   |   |
| <hr/> <hr/>  |   |
| Designated Survivor Name   | Designated Survivor Social Security Number                  |
| <hr/>  |   |
| Designated Survivor Street Address   | City, State, Zip Code                                       |
| <hr/>  |   |
| Daytime Telephone Number   | Evening Telephone Number                                    |
| <hr/>  |   |
| <b>3</b>   | <b>Successor Designated Survivor Information (optional)</b> |
| <b>Please select one:</b> <input type="checkbox"/> new <input type="checkbox"/> replace existing   |   |
| <hr/> <hr/>  |   |
| Successor Designated Survivor Name   | Successor Designated Survivor Social Security Number        |
| <hr/>  |   |
| Successor Designated Survivor Street Address   | City, State, Zip Code                                       |
| <hr/>  |   |
| Daytime Telephone Number   | Evening Telephone Number                                    |
| <hr/>  |   |
| <b>4</b>   | <b>Account Owner Signature</b>                              |
| I understand that in the event of my death, the individual(s) listed above shall have all the rights and obligations as Account Owner and is (are) at least 18 years old at the time of designation. |   |
| <hr/> <hr/>  |   |
| Account Owner Signature  | Date  |

Office Use Only

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

Virginia529

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