

### INSTRUCTIONS

Use this form to notify Virginia529<sup>SM</sup> that you would like to opt out of using Prepaid529 benefits at this time. A Prepaid529 withdrawal request must be submitted when you are ready to use your benefits.

**Important:** If your Beneficiary is dual enrolled and you are opting out of using Prepaid529 benefits for one school, complete section 2 with the school for which you are opting out of using the benefits. If opting out of using the benefits from all schools the Beneficiary is attending, check the box to stop benefits to all schools.

### SECTION 1 | Account Owner and Beneficiary (Student) Information

Account Owner Name

Prepaid529 Account Number(s)

Account Owner Social Security Number

Beneficiary Name

Account Owner Physical Address  Check here if the address is same as listed on the Account

Beneficiary Social Security Number

Account Owner City, State and Zip Code

Beneficiary Physical Address (not temporary school address)

Account Owner Email

Beneficiary City, State and Zip Code

Account Owner Daytime Phone Number

### SECTION 2 | Benefits Information

Check here to opt out of benefits for ALL schools

Check here if dual enrolled and opting out of benefits for one school

School which you are opting out of using benefits: \_\_\_\_\_

Select a term to stop using benefits:    Fall    Winter    Spring    Summer    \_\_\_\_\_  
Year

Please provide your documents by requesting a secure upload using Virginia529's secure file transport server. Complete the Customer Service contact form at [Virginia529.com/contact](http://Virginia529.com/contact) to request access to the server portal. Please do not send personal identification documents by return email. If you have any other questions, please contact Virginia529 toll-free at 1-888-567-0540, option 3.

### SECTION 3 | Information Release

---

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and other applicable state and federal law, the undersigned Account Owner and Beneficiary authorize the Virginia College Savings Plan (Virginia529) and the school listed above to disclose to each other personally identifiable information, including the Beneficiary's Social Security number, student identification number and any other account or invoice information necessary to process withdrawals. The undersigned certify that the information provided on this form is true and correct to the best of their knowledge and belief. The undersigned understand that Non-Qualified Withdrawals are subject to federal income tax on the earnings and a 10% earnings penalty. The undersigned certify that they have read and understand the information disclosed in the Prepaid529 Benefits Guide regarding how to use Prepaid529 benefits, the Prepaid Program Description & Master Agreement and the Virginia529 Privacy Policy.

---

Account Owner Signature

---

Beneficiary Signature

---

Date

---

Date

**Please provide your documents by requesting a secure upload using Virginia529's secure file transport server. Complete the Customer Service contact form at [Virginia529.com/contact](https://Virginia529.com/contact) to request access to the server portal. Please do not send personal identification documents by return email. If you have any other questions, please contact Virginia529 toll-free at 1-888-567-0540, option 3.**