

INSTRUCTIONS

Use this form to request a distribution from your Invest529 or CollegeWealth account. Complete one distribution request form for each individual payee and each individual account. For example, if you would like us to pay tuition and/or fees directly to the institution and reimburse you directly for textbooks, please submit two separate requests. Indicate the exact amount of the distribution requested on this form. **(It is your responsibility to maintain adequate documentation that the funds you are requesting were used for qualified higher education expenses for tax purposes.)**

Please see the Invest529 Distribution Guide for more information. Virginia529 is not responsible for payment of any higher education expenses that exceed the current balance of an Invest529 and/or CollegeWealth account at the time a distribution is made. All forms are available and account information may be viewed at Virginia529.com.

1 Account Information

Account Owner Name _____	Invest529/CollegeWealth Account Number _____
Beneficiary Name _____	Beneficiary Student Identification Number _____
Account Owner Daytime Phone Number _____	<input type="checkbox"/> Check here if this form accompanies a Rollover Request

2 Payee Information/ Please send this distribution to:

Account Owner Beneficiary School (please provide School information below)

Name _____

Street Address _____ City, State, Zip Code _____

3 Distribution Options

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

Check here to request an exact dollar amount and enter the amount below
Amount: \$ _____

Check here to request all available funds in your account without closing your account

Check here to request all available funds in your account and close your account

For Office Use Only

Portfolio _____

Balance _____

Date _____

Total Amount Approved \$ _____

Processing Approval _____

Banner Approval _____

4 Signature

Certification: In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and other applicable state and federal law, the undersigned Account Owner authorizes Virginia529 and the Beneficiary's school of choice 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 distributions. I further understand that all distributions from Invest529 or CollegeWealth Accounts will be made subject to the Pending Settlement Period as described in the Invest529 and/or CollegeWealth Program Description and I certify that I have read and understand the information disclosed in the Invest529 Distribution Guide. I certify that the information I have provided is true and correct to the best of my knowledge. I understand that non-qualified distributions are subject to federal income tax on the earnings and a 10% of earnings penalty to be reported on my tax return.

Account Owner Signature _____ Date _____

PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW

Virginia529
9001 Arboretum Parkway • North Chesterfield, Virginia 23236
Toll-Free 1-888-567-0540 • Toll-Free Fax 1-866-757-1295 • Virginia529.com