

INSTRUCTIONS

Use this form to verify Beneficiary (student) information and authorize Virginia529 to make payments to Virginia schools after the add/drop date. Please visit Virginia529.com/documents and read the Prepaid529 Benefits Guide for more information on how to use your benefits. **RETURN THIS FORM NO LATER THAN MAY 19, 2019 TO THE ADDRESS OR FAX NUMBER INDICATED BELOW.** Reminder: **If this form is not received and completed in its entirety by the date indicated, it may result in your student's class selection being dropped.** Prepaid529 payments are made after the school add/drop date.

1 Account Owner and Beneficiary (Student) Information

Account Owner Name	Beneficiary (Student) Name
Account Owner Social Security Number	Beneficiary (Student) Social Security Number
Account Owner Physical Address	Beneficiary Permanent Address (not temporary school address)
<input type="checkbox"/> Check here if the Address is same as listed on the account.	
City, State and Zip Code	City, State and Zip Code
Account Owner Email	<input type="checkbox"/> Check here if the beneficiary's address has changed
Account Owner Daytime Phone Number	<input type="checkbox"/> Check here if this is an Updated/Corrected Intent to Enroll
Prepaid529 Account Number(s) (List all account numbers to avoid an interruption in payment to school)	

2 School Information

Name of School at Which Beneficiary (Student) is Enrolled	Beneficiary Student Identification Number (issued from school)
School Street Address	School City, State and Zip Code
Type of School (check one): <input type="checkbox"/> Community College <input type="checkbox"/> College/ University <input type="checkbox"/> Other Eligible Educational Institution	
<input type="checkbox"/> Check here if you are transferring to this school <input type="checkbox"/> Check here if this school is for dual enrollment	

3 Benefits Information

Check here if benefits are **NOT** going to be used in this academic year. (Note: a new Intent to Enroll form must be submitted at the time benefits are to be used.)

Please indicate the semester you will **begin** to use benefits (choose one):

Fall semester/ quarter
 Winter quarter
 Spring semester/quarter
 Summer session

Year you will **begin** to use benefits (choose one):

2019 2020

PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW

Virginia529
 9001 Arboretum Parkway • North Chesterfield, Virginia 23236
 Phone 804-371-0766 • Toll-Free 1-888-567-0540 • Toll-Free Fax 1-866-757-1295 • Virginia529.com

4 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 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 distributions. 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 distributions 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.

Account Owner Signature

Beneficiary (Student) Signature

Date

Date

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