

INSTRUCTIONS

Use this form to refinance or downgrade your Prepaid529 account. Please include the \$25 refinance fee with this request. REMINDER: If you have a recurring bank debit, it will be inactivated. You will need to create a new one at Virginia529.com by logging in to 'My Account' and selecting 'Manage My Accounts'. For payroll deduction, please contact your payroll department to have your deduction amount changed to reflect your new monthly payment.

1	Account Information						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Account Owner Name</td> <td style="width: 50%; border-bottom: 1px solid black;">Account Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Account Owner Street Address</td> <td style="border-bottom: 1px solid black;">City, State, Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Daytime Phone Number</td> <td style="border-bottom: 1px solid black;">Beneficiary Name</td> </tr> </table>	Account Owner Name	Account Number	Account Owner Street Address	City, State, Zip Code	Daytime Phone Number	Beneficiary Name
Account Owner Name	Account Number						
Account Owner Street Address	City, State, Zip Code						
Daytime Phone Number	Beneficiary Name						
2	Reason for Refinance						
	<p><input type="checkbox"/> Adjust Monthly Payment Indicate your prepayment amount* _____ <small>*The prepayment amount must be \$1,000.00 or greater to lower your monthly payment amount. All outstanding charges will be deducted from the prepayment amount before the refinance calculation.</small></p> <p><input type="checkbox"/> Change Payment Plan (please select one)</p> <p><input type="radio"/> Five Year (60 month) Plan: Available only for children who had not yet completed the sixth grade when the account was opened.</p> <p><input type="radio"/> Extended Plan: Equal monthly payments until the child reaches college age. The last payment will be due June 1 of the year the student is expected to enroll in college.</p> <p><input type="radio"/> Other: Please contact customer service at 1-888-567-0540 to complete this section. _____ payments of \$ _____</p> <p><input type="checkbox"/> Downgrade** (indicate years of each type of plan)</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">FROM:</td> <td style="text-align: center;">TO:</td> </tr> <tr> <td style="text-align: center;">_____ semester(s) Tier I</td> <td style="text-align: center;">_____ semester(s) Tier I</td> </tr> <tr> <td style="text-align: center;">_____ semester(s) Tier II</td> <td style="text-align: center;">_____ semester(s) Tier II</td> </tr> </table> <p><small>**Unless otherwise instructed, if your account is paid-in-full at the time of this downgrade, any overage will be refunded to the Account Owner</small></p>	FROM:	TO:	_____ semester(s) Tier I	_____ semester(s) Tier I	_____ semester(s) Tier II	_____ semester(s) Tier II
FROM:	TO:						
_____ semester(s) Tier I	_____ semester(s) Tier I						
_____ semester(s) Tier II	_____ semester(s) Tier II						
3	Signature						
	<p>If you participate by automatic bank draft (ACH), by signing below, you understand and agree that you must change your automatic deduction to reflect your new monthly payment amount. If you participate in payroll deduction, please contact your payroll department to have your payroll deduction amount changed to reflect your new monthly payment.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Account Owner Signature</td> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Account Owner Signature	Date				
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Office Use Only

PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW