

## Virginia Education Savings Trust Distribution Request

Please Print

VEST Account Number: \_\_\_\_\_

Please check here if this form accompanies a rollover request.

\_\_\_\_\_  
Account Owner Name

\_\_\_\_\_  
Beneficiary (Student) Name

\_\_\_\_\_  
Student Identification Number at School

\_\_\_\_\_  
Account Owner's Daytime Phone Number

**Please contact us toll free at 1-888-567-0540 if you have any questions regarding this form or the distribution process.**

Directions: Fill out one distribution request form for each individual payee. 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. You will also need to indicate on this form the exact amount of the distribution requested. **(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 VEST Distribution Guide for more information. VEST is not responsible for payment of any higher education expenses that exceed the current balance of a VEST account at the time a distribution is made.

PLEASE SELECT **ONE** OF THE FOLLOWING OPTIONS:

Check here to request an exact dollar amount and enter amount below:  
\$ \_\_\_\_\_ Dollar Amount

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

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

<u>For Office Use Only</u>	
Portfolio	_____
Balance	_____
Date	_____
_____	
Total Amount Approved \$	_____
Processing Approval	_____
Banner Approval	_____

**Send Payment To:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Mail *or* Fax completed form to:

Virginia College Savings Plan, 9001 Arboretum Parkway, Richmond, VA 23236

Toll-free fax number: 1-866-757-1295

**Certification: I understand that all distributions from VEST Accounts will be made subject to the Pending Settlement Period as described in the "Glossary of Terms" section of the VEST Program Description. 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.**

\_\_\_\_\_  
Signature (Account Owner)

\_\_\_\_\_  
Date