Virginia College Savings Plan℠

VEST ACCOUNT OWNER TRANSFER FORM

I. CURRENT ACCOUNT OWNER'S INFORMATION

As the account owner ("Account Owner") to a Virginia Education Savings Trust Account, (the "Account"), I acknowledge that with the approval of the Board, I may transfer ownership of the Account to another individual or entity. As the Account Owner to the Account listed below, I certify that I have neither given nor received any payment or other consideration for the transfer of the Account and acknowledge that by signing this form I relinquish all rights and responsibilities related to the Account to the new Account Owner.

CURRENT ACCOUNT OWNER'S NAME (PLEASE PRINT)	ACCOUNT NUMBER

CURRENT ACCOUNT OWNER'S SIGNATURE (OR SIGNATURE OF EXECUTOR OR PERSONAL REPRESENTATIVE)	DATE

II. REASON FOR TRANSFER

☐ DEATH ☐ DISABILITY ☐ OTHER _____

III. NEW ACCOUNT OWNER'S INFORMATION

NEW ACCOUNT OWNER'S NAME	NEW ACCOUNT OWNER'S SOCIAL SECURITY/ TAX ID #

NEW ACCOUNT OWNER'S ADDRESS	CITY	STATE ZIP

HOME NUMBER	WORK NUMBER	RELATIONSHIP TO BENEFICIARY

I certify that as the new Account Owner of the Account listed above, I am at least 18 years of age, or a representative of a corporation, partnership, trust or charitable organization, and that I have neither given nor received any payment or other consideration for the transfer of the Account. By signing below I acknowledge that I have read and understood the Program Description and VEST Account Agreement, which I understand are incorporated herein by reference in their entirety. I consent and agree to all terms and conditions of the Program Description, including the explanation of fees charged. I understand that the Program Description may be amended by the Board from time to time in its sole discretion. I agree that the Program Description, as it may be amended from time to time, and the portfolio selection on the original Application or subsequent valid Investment Change Forms, shall govern contributions to, investment of, and distributions from my VEST account. I hereby certify that all of the information supplied is true and correct to the best of my knowledge. I understand that I will be assessed a $10.00 fee unless the change is due to the Account Owner's death or disability.

_____ _____

NEW ACCOUNT OWNER'S SIGNATURE **DATE**

FOR OFFICE USE ONLY

APPROVAL: _____ **FEE:** _____ **DATE:** _____

PLEASE RETURN THIS FORM TO THE ADDRESS BELOW AS SOON AS POSSIBLE

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