Virginia529 College Savings Plan

inVEST Distribution Request Form for SOAR Virginia® Scholars

INSTRUCTIONS Use this form to request a distribution from your SOAR Virginia inVEST account. Complete one distribution request form for each payment you would like Virginia529 to make to the school you will attend. 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 inVEST Distribution Guide for more information. When reviewing the guide, keep in mind Virginia529 is the owner of the SOAR Virginia inVEST account and the SOAR Virginia scholar is the beneficiary. Virginia529 is not responsible for payment of any higher education expenses that exceed the current balance of an inVEST account at the time a request is made. Additional forms may be downloaded and printed at Virginia529.com/SOAR.

1 Account Information

Virginia529 College Savings Plan
Account Owner Name

10232028
inVEST Account Number

Beneficiary (Scholar) Name

Beneficiary (Scholar) Student Identification Number

Beneficiary (Scholar) Daytime Phone Number

Beneficiary (Scholar) Email Address

2 Payee Information

Please send this distribution to:

School Name

School Street Address

School City, State, Zip Code

3 Distribution Options

☐ Check here to request 50% of your account balance.

☐ Check here to request a specific dollar amount. $_____

Note: During your first year of college, you may only request up to 50% of your account balance.

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

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

☐ Fall semester/ quarter ☐ Winter quarter

☐ Spring semester/quarter ☐ Summer session

For Office Use Only

Portfolio _____

Balance _____

Date _____

Total Amount Approved $_____

Processing Approval _____

Banner Approval _____

4 Signature

Certification: I understand that all distributions from SOAR Virginia inVEST Accounts will be made subject to the Pending Settlement Period as described in the "Glossary of Terms" section of the inVEST Program Description. I certify that the information I have provided is true and correct to the best of my knowledge. I also understand that any monies from the SOAR Virginia inVEST account not used for my mandatory tuition and fees may subject me to applicable federal and state taxes and penalties.

Beneficiary (Scholar) Signature

Date

PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW

Virginia529 College Savings Plan
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