

**INSTRUCTIONS**

Use this form to transfer ownership of your Virginia529 account to another individual or entity. If you have a CollegeWealth account and wish to transfer ownership, there must be a new CollegeWealth account established in the name of the new Account Owner and Beneficiary. The original account will be closed and the balance will be transferred to the new CollegeWealth account. All forms and account information are available online at Virginia529.com.

**1 Current Account Owner Information**

As the account owner ("Account Owner") of a Virginia College Savings Plan 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 of 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 Name (please print) Account Number

\_\_\_\_\_  
Current Account Owner Signature Date

**2 New Account Owner Information New Account Number (CollegeWealth Only) \_\_\_\_\_**

\_\_\_\_\_  
New Account Owner Name New Account Owner Social Security Number

\_\_\_\_\_  
New Account Owner Street Address New Account Owner City, State, Zip Code

\_\_\_\_\_  
Phone Number(s) (please indicate day, evening or cell) Email Address

\_\_\_\_\_  
Relationship to Beneficiary

**3 Reason for Transfer**

Is the reason for this transfer due to the Account Owner's death or disability?  
 Yes  No (If yes, please include a copy of the death certificate or documentation of disability)

**4 New Account Owner Signature**

*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 understand the terms and conditions and explanation of fees charged and that I have read and understand the Plan's Privacy Policy as applicable to the account being transferred to me as indicated above. I also acknowledge that I have had the opportunity to download or request a hard copy of these documents. I understand that these documents together constitute a legally binding Agreement. I agree to all existing terms and conditions related to this 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 this change is due to the Account Owner's death or disability.*

\_\_\_\_\_  
New Account Owner Signature Date

Office Use Only

**PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW**