

**INSTRUCTIONS**

Use this form to authorize another individual(s) or organization(s) to have access to information about your Virginia529 account(s). Account information is confidential and is normally only accessible to the account owner; however, by completing this form, you may select an individual who will have access to your account information including, but not limited to, account balances, investment selections, and beneficiary information. Account information, this form, and other 529 account forms are available online at Virginia529.com. **NOTE: While only the account owner may cancel an account or contract, transfer or convert benefits, or authorize a distribution, Authorized Individuals are permitted to change their address of record on your account independently.** Please provide a separate form for each Authorized Individual to be added.

<b>1</b>	<b>Account Information</b>
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;">Account Owner Name</div> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;">Account Number(s)</div> </div>	

<b>2</b>	<b>Authorized Individual Information</b>									
<p><i>Please select one:</i> <b>Individual:</b> <input type="checkbox"/> add <input type="checkbox"/> remove <input type="checkbox"/> replace    <b>Financial Advisor:</b> <input type="checkbox"/> add <input type="checkbox"/> remove <input type="checkbox"/> replace</p>										
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; margin-bottom: 5px;">Authorized Individual Name</td> <td style="width: 50%; border-bottom: 1px solid black; margin-bottom: 5px;">Social Security Number or Tax Identification Number <b>(Required only for online access to account information)</b></td> </tr> <tr> <td style="border-bottom: 1px solid black; margin-bottom: 5px;">Street Address</td> <td style="border-bottom: 1px solid black; margin-bottom: 5px;">City, State, Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black; margin-bottom: 5px;">Organization (if applicable)</td> <td style="border-bottom: 1px solid black; margin-bottom: 5px;">Email Address (required)</td> </tr> <tr> <td style="border-bottom: 1px solid black; margin-bottom: 5px;">Day Phone Number</td> <td style="border-bottom: 1px solid black; margin-bottom: 5px;">Evening Phone Number</td> </tr> </table> <p>Is this Authorized Individual being given access because they are a Financial Advisor?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			Authorized Individual Name	Social Security Number or Tax Identification Number <b>(Required only for online access to account information)</b>	Street Address	City, State, Zip Code	Organization (if applicable)	Email Address (required)	Day Phone Number	Evening Phone Number
Authorized Individual Name	Social Security Number or Tax Identification Number <b>(Required only for online access to account information)</b>									
Street Address	City, State, Zip Code									
Organization (if applicable)	Email Address (required)									
Day Phone Number	Evening Phone Number									

<b>3</b>	<b>Signature</b>		
<p>I hereby authorize the above individual, organization or financial advisor to obtain information regarding my Virginia529 account(s).</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; margin-bottom: 5px;">Account Owner Signature</td> <td style="width: 50%; border-bottom: 1px solid black; margin-bottom: 5px;">Date</td> </tr> </table>		Account Owner Signature	Date
Account Owner Signature	Date		

Office Use Only