

INSTRUCTIONS

Use this form to change the beneficiary on your Virginia529SM account. All forms and account information are available online at Virginia529.com.

1	Account Information			
	_____		_____	
	Account Owner Name		Account Number	
	_____		_____	
Current Beneficiary Name		Current Projected Enrollment Year		

2	New Beneficiary			
	_____		_____	
	New Beneficiary Name		New Beneficiary Social Security Number	

	Street Address		City	State Zip
	_____	_____	_____	_____
Birth Date	Current Grade	Age or Grade at Date Account was Opened	Projected Enrollment Year	

Relationship to Current Beneficiary				

3	Account Owner Signature
	<p>An account owner may change the beneficiary of a Virginia529 account at any time. I understand that this change of beneficiary is a non-taxable event for federal income tax purposes if the new beneficiary is a "Member of the Family," as defined in the Glossary of Terms, of the current beneficiary. I understand if the new beneficiary is a "Member of the Family" of the prior beneficiary and is in the same generation as the former beneficiary, the change is not subject to federal gift or generation-skipping transfer tax. If the new beneficiary is in a lower generation than the previous beneficiary, the transfer will be subject to federal gift tax and may be subject to generation-skipping transfer taxation even if the new beneficiary is a "Member of the Family" of the previous beneficiary. Also, I understand that my beneficiary change may be denied or limited if it causes one or more accounts administered by Virginia529 (including inVEST, prePAID, CollegeAmerica, and CollegeWealth accounts) for this beneficiary to exceed the \$500,000 maximum account balance limit. I certify that I have neither given nor received any payment or other consideration for the transfer of this account. I certify that the new beneficiary meets the criteria as specified in the Terms and Conditions regarding this account and that I have read and understand the Plan's Privacy Policy.</p>

Account Owner Signature	Date

Office Use Only

PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW