

INSTRUCTIONS

Use this form to terminate your Virginia529SM account. All forms and account information are available online at Virginia529.com.

1	Account Information	
	Account Owner Name	Account Number
	Account Owner Street Address	City, State, Zip Code
	Daytime Phone Number	Evening Phone Number

2	Reason for Cancellation - (Please give a brief description of the reason you are requesting this cancellation).	
	<input type="checkbox"/> Beneficiary Death/Disability/Scholarship	<input type="checkbox"/> Other (Please provide a brief description below)

3	Signature	
	As the account owner of the above-referenced account and pursuant to the Program Description, I hereby request that the above-referenced account be cancelled and a refund be issued to me at the address above.	
	Certification: I certify that the information I have provided is true and correct to the best of my knowledge. I understand that non-qualified distributions are subject to federal income tax on the earnings and Virginia state income tax for Virginia taxpayers as well as a federal penalty tax of 10% penalty of the earnings, reported on the taxpayer's federal tax return. I also understand that if I am a Virginia resident, I may be required to recapture all or part of any deductions taken from my Virginia taxable income related to payments/contributions made to the above-referenced account.	
	Account Owner Signature	Date



PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW