Virginia529 College Savings Plan

REDEPOSIT REQUEST FORM

INSTRUCTIONS

Please provide the following information to request the redeposit of 529 funds that were previously distributed from your Virginia529 Account. Remember, in order to avoid certain tax consequences and penalties: 1) the funds you wish to redeposit must have been refunded by your beneficiary's eligible educational institution, 2) your refund must be redeposited within 60 days of the date of the refund, 3) you must redeposit the refund into a 529 account for the same beneficiary from which the original distribution was taken, 4) the portion of the refund you wish to redeposit must be a refund of qualified higher educational expenses only and 5) your redeposit cannot exceed the amount of the original distribution from your Account.

☐ I confirm by signature below that I have read the instructions above and that the redeposit requested here meets all the criteria listed above.

Or

☐ I confirm by signature below that I have read the instructions above and that the redeposit requested here **DOES NOT** meet all the criteria listed above.

Account Owner Name: _____

Account Number: _____

Amount Being Redeposited: _____

Date of Refund : _____

Date of Original Distribution: _____

Amount of Original Distribution: _____

_____
(Signature of Account Owner)

Print Name:_____

Date: _____

PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW

Virginia529 College Savings Plan
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