

INSTRUCTIONS

Use this form to request a distribution from your inVEST or CollegeWealth account. Complete one distribution request form for each individual payee and each individual account. For example, if you would like us to pay tuition and/or fees directly to the institution and reimburse you directly for textbooks, please submit two separate requests. Indicate the exact amount of the distribution requested on this form. **(It is your responsibility to maintain adequate documentation that the funds you are requesting were used for qualified higher education expenses for tax purposes.)** Please see the inVEST and/or CollegeWealth Distribution Guide for more information. Virginia529 is not responsible for payment of any higher education expenses that exceed the current balance of an inVEST and/or CollegeWealth account at the time a distribution is made. All forms are available and account information may be viewed at Virginia529.com.

1	Account Information														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Account Owner Name</td> <td style="width: 50%; border-bottom: 1px solid black;">inVEST/CollegeWealth Account Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Beneficiary Name</td> <td style="border-bottom: 1px solid black;">Beneficiary Student Identification Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Account Owner Daytime Phone Number</td> <td style="text-align: right;"><input type="checkbox"/> Please Check here if this form accompanies a Rollover Request</td> </tr> </table>		Account Owner Name	inVEST/CollegeWealth Account Number	Beneficiary Name	Beneficiary Student Identification Number	Account Owner Daytime Phone Number	<input type="checkbox"/> Please Check here if this form accompanies a Rollover Request								
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Beneficiary Name	Beneficiary Student Identification Number														
Account Owner Daytime Phone Number	<input type="checkbox"/> Please Check here if this form accompanies a Rollover Request														
2	Payee Information/ Please send this distribution to: (Beginning 4/14/16, VA529 will only process distribution requests to the Account Owner, Beneficiary or School).														
<input type="checkbox"/> Account Owner <input type="checkbox"/> Beneficiary <input type="checkbox"/> School (please provide School information below)															
<table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border-bottom: 1px solid black;">Name</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Street Address</td> <td style="border-bottom: 1px solid black;">City, State, Zip Code</td> </tr> </table>		Name		Street Address	City, State, Zip Code										
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Street Address	City, State, Zip Code														
3	Distribution Options														
<p>PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:</p> <p><input type="checkbox"/> Check here to request an exact dollar amount and enter the amount below Amount: \$ _____</p> <p><input type="checkbox"/> Check here to request all available funds in your account without closing your account</p> <p><input type="checkbox"/> Check here to request all available funds in your account and close your account</p>															
<table style="width: 100%; border: none;"> <tr> <td colspan="2" style="text-align: center; background-color: #e0e0e0;">For Office Use Only</td> </tr> <tr> <td style="width: 50%;">Portfolio</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Balance</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Date</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Total Amount Approved</td> <td style="border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td>Processing Approval</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Banner Approval</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		For Office Use Only		Portfolio		Balance		Date		Total Amount Approved	\$ _____	Processing Approval		Banner Approval	
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Banner Approval															
4	Signature														
<p><small>Certification: In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and other applicable state and federal law, the undersigned Account Owner authorizes the Virginia College Savings Plan and the Beneficiary's school of choice to disclose to each other personally identifiable information, including the Beneficiary's Social Security Number, student identification number and any other account or invoice information necessary to process distributions. I further understand that all distributions from inVEST or CollegeWealth Accounts will be made subject to the Pending Settlement Period as described in the inVEST and/or CollegeWealth Program Description and I certify that I have read and understand the information disclosed in the inVEST/CollegeWealth Distribution Guide. 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 a 10% of earnings penalty to be reported on my tax return.</small></p>															
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Account Owner Signature</td> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> </tr> </table>		Account Owner Signature	Date												
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PLEASE RETURN THIS FORM TO THE ADDRESS OR FAX NUMBER BELOW

Virginia529 College Savings Plan
 9001 Arboretum Parkway • North Chesterfield, Virginia 23236
 Phone 804-371-0766 • Toll-Free 1-888-567-0540 • Toll-Free Fax 1-866-757-1295 • Virginia529.com