

INSTRUCTIONS

Use this form to verify Beneficiary (student) information and distributions to your school of choice. Please visit Virginia529 and read the prePAID Benefits Guide for more information on how to use your benefits. **PLEASE RETURN THIS FORM NO LATER THAN MAY 19, 2016 TO THE ADDRESS OR FAX NUMBER INDICATED BELOW. If your Intent to Enroll is not received and completed in its entirety by the date indicated, it may result in your student's class selection being dropped.**

1	Account Owner and Beneficiary (Student) Information
<p>Account Owner Name _____</p> <p>Account Owner Social Security Number _____</p> <p>Account Owner Email _____</p> <p>Account Owner Daytime Phone Number _____</p> <p>prePAID Account Number(s) (List all account numbers to avoid an interruption in payment to school)</p>	<p>Beneficiary (Student) Name _____</p> <p>Beneficiary (Student) Social Security Number _____</p> <p>Beneficiary Permanent Address (not temporary school address) _____</p> <p>City, State and Zip Code _____</p>
2	School Information
<p>Name of School at Which Beneficiary (Student) is Enrolled _____</p> <p>School Street Address _____</p> <p>Type of School (check one): <input type="checkbox"/> Community College <input type="checkbox"/> College/ University <input type="checkbox"/> Other Eligible Educational Institution <input type="checkbox"/> Check here if you are transferring to this school <input type="checkbox"/> Check here if this school is for dual enrollment</p>	<p>Beneficiary Student Identification Number _____</p> <p>School City, State and Zip Code _____</p>
3	Benefits Information
<p><input type="checkbox"/> Check here if benefits are NOT going to be used in this academic year. (Note: a new Intent to Enroll form must be submitted at the time benefits are to be used.)</p> <p>Please indicate the semester you will begin to use benefits (choose one):</p> <p><input type="checkbox"/> Fall semester/ quarter <input type="checkbox"/> Winter quarter <input type="checkbox"/> Spring semester/quarter <input type="checkbox"/> Summer session</p> <p>Year you will begin to use benefits (choose one):</p> <p><input type="checkbox"/> 2016 <input type="checkbox"/> 2017</p>	
4	Information Release
<p>In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and other applicable state and federal law, the undersigned Account Owner and Beneficiary authorize the Virginia College Savings Plan and the school listed above 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. The undersigned certify that the information provided on this form is true and correct to the best of their knowledge and belief. The undersigned understand that non-qualified distributions are subject to federal income tax on the earnings and a 10% earnings penalty. The undersigned certify that they have read and understand the information disclosed in the prePAID Benefits Guide regarding how to use prePAID benefits.</p> <p>Account Owner Signature _____</p> <p>Beneficiary (Student) Signature _____</p> <p>Date _____</p> <p>Date _____</p>	

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