Give the Gift of Education…

Virginia529 College Savings Plan℠

Print and complete this form in its entirety. Be sure to include the top half with your Virginia529 contribution and present the bottom half to the beneficiary.

Beneficiary's Name:

Beneficiary's Date of Birth:

Virginia529 Account #: *(optional)*

Account Owner's name/address: *(optional)*

Contributor's phone number:

For Virginia529 prePAID accounts, make check payable to: Virginia529 prePAID and mail to: Virginia529 prePAID
P.O. Box 759232
Baltimore, MD 21275-9232

For Virginia529 inVEST accounts, make check payable to: Virginia529 inVEST and mail to: Virginia529 inVEST
P.O. Box 759226
Baltimore, MD 21275-9226

Please provide as much information as possible to ensure that your contribution is applied accurately.

Only account owners may control how assets are invested and used and only Virginia529 account owners may claim any Virginia state income tax benefits. For more information on the programs offered by Virginia529, including disclosure materials, please visit Virginia529.com or call 1-888-567-0540. The completion of this form is not to be interpreted as a contract of any kind and does not establish a 529 account.

Virginia529 College Savings Plan℠

Virginia529.com | Toll-Free 1-888-567-0540

Clear Form

Congratulations on your new baby!

To:

From:

Amount:

Message:

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