



# Refinance Request Form

## Virginia College Savings Plan<sup>SM</sup>

### 1. Account Information *(Please Print)*

Account Number \_\_\_\_\_

Account Owner's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Designated Beneficiary's Name (first, middle initial, last) \_\_\_\_\_

Beneficiary's Social Security Number \_\_\_\_\_

### 2. Refinance Options

**Change in Monthly Payment Amount**

(prepayment minimum is \$1,000.00 to lower payment amount)

Indicate prepayment amount \$ \_\_\_\_\_

*(Outstanding charges will be paid from prepayment amount prior to refinance calculation.)*

**Change in Payment Plan**

Five Year (60 month) Plan: Available only for children who had not yet completed the sixth grade when the account was opened.

Extended Plan: Equal monthly payments until the child reaches college age. The last payment will be due June 1 of the year the student is expected to enroll in college.

**Downgrade**

**Change from:**

**to:**

<u>University</u>	
_____ 5 years	
_____ 4 years	
_____ 3 years	
_____ 2 years	
_____ 1 year	

<u>Community College</u>	
_____ 3 years	
_____ 2 years	
_____ 1 year	

<u>University</u>	<u>Community College</u>
_____ 5 years	_____ 3 years
_____ 4 years	_____ 2 years
_____ 3 years	_____ 1 year
_____ 2 years	
_____ 1 year	

- If you participate by automatic bank draft (ACH), by signing below, you authorize VCSP to change your automatic deduction to reflect your new monthly payment amount. If you participate in payroll deduction, please contact your payroll department to have your payroll deduction amount changed to reflect your new monthly payment.

Account Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please remit the \$25 refinance fee and this form to the following address:**

9001 Arboretum Parkway • Richmond, Virginia 23236