Virginia College Savings Plan℠

VPEP ACCOUNT OWNER TRANSFER FORM

CURRENT ACCOUNT OWNER'S INFORMATION

As the account owner ("Account Owner") of a Virginia Prepaid Education Program Contract, (the "Contract"), I acknowledge that with the approval of the Board, I may transfer ownership of a Contract to another individual or entity. As the Account Owner of the Contract listed below, I certify that I have neither given nor received any payment or other consideration for the transfer of the Contract. I acknowledge that by signing this form I relinquish all rights and responsibilities of the Contract to the new Account Owner.

CURRENT ACCOUNT OWNER'S NAME	**ACCOUNT NUMBER**

CURRENT ACCOUNT OWNER'S SIGNATURE	**DATE**

II. REASON FOR TRANSFER

_____ ***DEATH*** _____ ***DISABILITY*** _____ ***FINANCIAL STATUS*** _____ ***CHANGE IN FAMILY STATUS***

_____ ***OTHER*** _____

III. NEW ACCOUNT OWNER'S INFORMATION

NEW ACCOUNT OWNER'S NAME OR ORGANIZATION CONTACT	**NEW ACCOUNT OWNER'S SOCIAL SECURITY/ TAX ID #**

ORGANIZATION NAME (IF NEW ACCOUNT OWNER IS OTHER THAN AN INDIVIDUAL)

NEW ACCOUNT OWNER'S ADDRESS	**CITY**	**STATE**	**ZIP**

HOME TELEPHONE	**WORK TELEPHONE**	**RELATIONSHIP TO BENEFICIARY**

I certify that as the new account owner, I am at least 18 years of age, or a representative of a corporation, partnership, trust or charitable organization. I also certify that I am obligated to make all outstanding Payments under this Contract to the extent required by the terms of the Contract, and that I have neither given nor received any payment or other consideration for the transfer of the Contract. I understand that I will be assessed a $10.00 fee unless the change is due to the Account Owner's death or disability.

_____ _____

NEW ACCOUNT OWNER'S SIGNATURE ***DATE***

PLEASE RETURN THIS FORM TO THE ADDRESS BELOW AS SOON AS POSSIBLE

Revised September 2005

Mary G. Morris, Chief Executive Officer • Commonwealth of Virginia • Virginia College Savings Plan
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