



ACCOUNT OWNER ACCEPTANCE FORM

I acknowledge that I have read and understand the Program Description and the Virginia Education Savings Trust (VEST) Account Agreement, which I understand constitute a legally binding Agreement. I consent and agree to all terms and conditions of the Program Description and the VEST Account Agreement, including the explanation of fees charged, and acknowledge that I have read and understand the Privacy Policy. I also acknowledge that I have had the opportunity to download or request a hard copy of these documents.

I understand that the Program Description may be amended by the Board from time to time at its sole discretion. I agree that the Program Description, as it may be amended from time to time, the VEST Account Agreement and the application I submitted shall govern contributions to, investment of, and distributions from my VEST Account.

ACCOUNT OWNER INFORMATION

Account Owner Name	VEST Account Number
Beneficiary Name	Beneficiary Social Security Number

To evidence my acceptance of the terms and conditions of the Program Description and the VEST Account Agreement my signature as Contributor is set forth below. **Please return this form in the enclosed pre-addressed envelope.**

Signature of Account Owner

Date