



**RIGHT OF SURVIVORSHIP DESIGNATION CHANGE FORM**  
**VIRGINIA EDUCATION SAVINGS TRUST (VEST)**

As the Account Owner ("Owner") of the Virginia Education Savings Trust Account listed below, I request that the Right of Survivorship for this VEST Account be changed as specified.

ACCOUNT OWNER'S NAME	ACCOUNT NUMBER
_____	_____

ACCOUNT OWNER'S SIGNATURE (OR SIGNATURE OF EXECUTOR OR PERSONAL REPRESENTATIVE)	DATE
_____	_____

**NEW RIGHT OF SURVIVORSHIP INFORMATION**

NEW DESIGNEE NAME	NEW DESIGNEE SOCIAL SECURITY/TAX ID NUMBER
_____	_____

NEW DESIGNEE'S ADDRESS
_____

HOME TELEPHONE NUMBER	DAYTIME TELEPHONE NUMBER
_____	_____
(AREA CODE AND NUMBER)	(AREA CODE AND NUMBER)