



Virginia Education Savings TrustSM (VEST)

A P P L I C A T I O N

Use this form for accounts opened after January 1, 2007

Photocopies not acceptable

For Office Use Only

Account Number _____
 A B C D \$ _____
 Batch/Seq: _____ of _____
 Multiple Apps _____ of _____
 Total Check Amount \$ _____

SECTION I - ABOUT THE ACCOUNT OWNER

Please check if Account Owner is:

- Individual (Must be at least 18 years old) Corporation/Partnership
 Not for Profit/Foundation Other _____

- Trust (Please provide the trust's Federal Tax ID number.)
 Custodial Account (Check this box only if you are transferring funds from an existing Uniform Gifts to Minors Act/Uniform Transfers to Minors Act account.)

- Mr. Mrs.
 Dr. Ms.

UGMA/UTMA custodians should use the minor's social security number in Section I.

Account Owner's Social Security/Tax ID number

Name of Account Owner or Organization Contact:

Last Name _____ Suffix (if any) _____ First _____ MI _____

Organization Name (if Account Owner is other than an Individual)

Street Address (include number, street and apartment number or P.O. Box)

City _____ State _____ Zip _____

Daytime Telephone (area code and number) _____ Evening Telephone (area code and number) _____

Citizenship (non-resident aliens are not eligible to participate in the program): U.S. Citizen Resident Alien

SECTION II - ABOUT THE BENEFICIARY

Beneficiary's Social Security Number

Last Name _____ Suffix (if any) _____ First _____ MI _____

Street Address (include number, street and apartment number or P.O. Box) **Complete only if different from Account Owner's address above.**

City _____ State _____ Zip _____

Birth Date (month, day, year) _____ First month and year you plan to use benefits _____ Current Grade (if applicable) _____ Current Age _____

Citizenship (non-resident aliens are not eligible to participate in the program):

- U.S. Citizen Resident Alien
- Gender: Male Female Relationship to Account Owner: Child Grandchild Friend Other (Specify) _____

SECTION III - RIGHT OF SURVIVORSHIP DESIGNATION In the event of my death, I appoint the following as the party to whom I desire to transfer ownership of my VEST Account. *(Print name and address of designated party below: if an individual, must be over 18 years of age; may be a corporation, partnership or trust. UGMA/UTMA custodians should use the beneficiary's estate as the entity with survivorship rights.)*

Social Security/Tax ID Number

Last Name or Organization _____ Suffix (if any) _____ First _____ MI _____

Street Address (include number, street and apartment number or P.O. Box) **Complete only if different from Account Owner's address above.**

City _____ State _____ Zip _____

Phone Number (area code and phone)

SECTION IV - OTHER INDIVIDUAL AUTHORIZED TO ACCESS ACCOUNT INFORMATION (This section is OPTIONAL; however, unless an individual is named in this Section IV, no individual other than the Account Owner will have Account access.)

Social Security Number (optional; for identification purposes only)

Last Name _____ Suffix (if any) _____ First _____ MI _____

SECTION V - INITIAL CONTRIBUTION AND INVESTMENT SELECTION(S)

Your check for the \$25 application fee and initial contribution should be made payable to VEST. In addition to the \$25 application fee, the minimum initial contribution per Account is \$250 payable by check, unless you choose to make monthly contributions of \$25 to reach the \$250 minimum Account balance within one year from the date the Account was established. If you sign up for automatic contributions from your bank account, you do not need to send in an initial contribution. If you choose to sign up for automatic contributions from your bank account, please complete the automatic withdrawal form enclosed in the Welcome Kit you will receive once your application is processed.

Please indicate below your investment selection(s). **You may divide your initial contribution among different Portfolios.** Each Portfolio selection for the same Beneficiary will be a separate Account. We will not process an Application without a Portfolio selection. **Please see the Program Description for a complete explanation of each Portfolio's investments, expenses and historical performance.**

SELECT ONE OR MORE OPTIONS
MINIMUM \$25 CONTRIBUTION PER OPTION

(Please remember that each selection will be a separate account.)

NON-EVOLVING PORTFOLIOS					
<input type="checkbox"/> AGGRESSIVE Equity 80% Fixed Income/Cash 20%	<input type="checkbox"/> MODERATE Equity 60% Fixed Income/Cash 40%	<input type="checkbox"/> CONSERVATIVE Equity 20% Fixed Income/Cash 80%	<input type="checkbox"/> MONEY MARKET Equity 0% Fixed Income/Cash 100%		
\$.00	\$.00	\$.00	\$.00		
<input type="checkbox"/> TOTAL STOCK MARKET INDEX FUND	<input type="checkbox"/> TOTAL BOND MARKET INDEX FUND	<input type="checkbox"/> TOTAL INTERNATIONAL STOCK INDEX FUND	<input type="checkbox"/> INFLATION-PROTECTED SECURITIES FUND		
\$.00	\$.00	\$.00	\$.00		
<input type="checkbox"/> REIT INDEX FUND					
\$.00					
AGE-BASED EVOLVING PORTFOLIOS					
<input type="checkbox"/> ALLEGHANY Equity 80% Fixed Income 20%	<input type="checkbox"/> CHESSAPEAKE Equity 70% Fixed Income 30%	<input type="checkbox"/> POTOMAC Equity 60% Fixed Income 40%	<input type="checkbox"/> SOUTHSIDE Equity 50% Fixed Income 50%		
\$.00	\$.00	\$.00	\$.00		
<input type="checkbox"/> BLUE RIDGE Equity 40% Fixed Income 60%	<input type="checkbox"/> HIGHLANDS Equity 25% Fixed Income 75%	<input type="checkbox"/> PIEDMONT Equity 0% Fixed Income 100%			
\$.00	\$.00	\$.00			
TOTAL CONTRIBUTION \$.00	+ \$25.00 APPLICATION FEE = \$.00		

SECTION VI - TRANSFERS OR ROLLOVERS

I am funding this account (in whole or in part) with proceeds from (check all boxes that apply):

- Virginia Prepaid Education Program
- CollegeAmerica®
- Another Qualified Tuition Program
- Qualified U.S. Savings Bonds
- Coverdell Education Savings Account

For rollovers from a **Coverdell Education Savings Account**, please provide an account statement issued by the financial institution that acted as trustee or custodian showing basis and earnings in the account. For redemptions of **qualified Series EE or I U.S. Savings Bonds**, please provide either a statement, a Form 1099-INT issued by the financial institution that redeemed the bonds, or an IRS Form 8815, showing interest from the redemption of the bonds. For rollovers from **another Qualified Tuition Program**, the program manager must provide a statement showing contributions and earnings (or losses).

If you make a subsequent contribution to this account that is a rollover/transfer from another Section 529 qualified tuition program, a Coverdell Education Savings Account or qualified U.S. Savings Bonds, you must also provide appropriate documentation showing the earnings portion of that rollover or transfer.

I understand that if I do not provide this documentation, the entire amount will be treated as earnings in computing the earnings portion of any subsequent withdrawal from the account.

By signing below I am authorizing the Board to establish a Virginia Education Savings Trust (VEST) Account for the above-named Beneficiary. I acknowledge that I have read and understood the Program Description and VEST Account Agreement, which I understand are incorporated herein by reference in their entirety and are part of this 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 receipt of the Virginia College Savings Plan privacy policy. I understand that the Program Description may be amended by the Board from time to time in its sole discretion. I agree that the Program Description, as it may be amended from time to time, the VEST Account Agreement and this Application shall govern contributions to, investment of, and distributions from my VEST Account. I hereby certify that all of the information supplied in this Application is true and correct to the best of my knowledge.

Signature of Account Owner

Date

sign here

print name here