



CollegeWealth[®] 529 Savings Account Application

Account Owner Information (Required):

Please Print:

Prefix First Name Middle Initial Last Name Suffix

Social Security Number

Street Address (include number, street and apartment number)

Mailing address (if different than Street Address)

City State Zip Country (if not U.S.)

() _____ () _____
Daytime Phone Evening Phone

Citizenship (Non-legal U.S. residents are not eligible to participate in the program):

U. S. Citizen Legal U.S. Resident

Email Address _____

Beneficiary Information (Required):

(This is the person for whom the money is to be used for higher education.)

Please Print:

Prefix First Name Middle Initial Last Name Suffix

Social Security Number

Street Address (if different from Account Owner)

Mailing address (if different than Street Address)

City State Zip Nation (if not U.S.)

() _____ () _____
Daytime Phone Evening Phone

You are selecting a CollegeWealth® 529 Savings Account which requires \$25 minimum to open. Additional deposits may be made at any time in any amount.

Funding of CollegeWealth® 529 Savings Account

Please check below if you will be funding your CollegeWealth® 529 Savings Account with proceeds from any of the following accounts. If you contribute funds from any account checked below, you must provide an account statement or other documentation indicating the basis and earnings from the account to the Virginia College Savings Plan within 90 days. If this documentation is not provided, the entire amount contributed from any of these accounts will be treated as earnings in computing the earnings portion of any subsequent withdrawal from this account.

Transfers or Rollovers

- Another Qualified Tuition Program
 - Coverdell Education Savings Account
 - CollegeAmerica
 - CollegeWealth
 - Qualified Series EE or I U.S. Savings Bonds
 - Virginia Prepaid Education Program
 - Virginia Education Savings Trust
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I hereby establish a CollegeWealth® 529 Savings Account with the Virginia College Savings Plan through Union First Market Bank and acknowledge that I have received, read, and agree to the terms set forth in the Program Description, Bank Fee Disclosure Statement, Understanding Your Relationship Disclosure, and this Application, as these documents may be modified from time to time.

I authorize the instructions set forth in this Application.

I agree to hold harmless and indemnify Union First Market Bank and the Virginia College Savings Plan, any of its affiliates and each of their respective directors, trustees, officers, employees, and agents from any losses, expenses, costs or liability (including attorneys' fees) that may be incurred in connection with this Application, the exercise of the telephone and website purchase, exchange and/or redemption privileges.

I certify that the individuals named in this Application are either U.S. citizens or legal U.S. residents. I understand that to comply with federal regulations, information provided on this Application will be used to verify my identity. For example, my identity may be verified through the use of a database maintained by a third party. If the Bank is unable to verify my identity, I understand it may need to take action, possibly including closing my account, and that such action may have tax consequences, including a tax penalty. I understand that non-qualified distributions from a CollegeWealth account are subject to federal income tax on the earnings and a 10% earnings penalty.

Signature of Account Owner

Date

Union First Market Bank
24010 Partnership Boulevard
Ruther Glen, Virginia 22546