



Name(s) as shown on Virginia return

Your SSN

General Instructions

Complete Section I below to contribute all or part of your refund to one or more Virginia College Savings PlanSM (Virginia529SM) accounts. To contribute to other voluntary contribution organizations listed in the income tax instructions, complete Section II on page 2. Do not submit this form if you are filing an amended return.

I - Virginia College Savings PlanSM (Virginia529SM) Contributions

For each contribution, provide the program type code (see codes below), beneficiary's last name, account number, and the amount contributed to that program. For contributions to Virginia529 inVESTSM, Virginia529 prePAIDSM, and CollegeWealth[®] accounts, use your Virginia529 account number. Contact your financial advisor to obtain the proper account number and routing number for a CollegeAmerica[®] account. See the instructions for more details. For information on Virginia529 visit www.Virginia529.com.

Program Type Codes: 1 = Virginia529 inVESTSM 2 = Virginia529 prePAIDSM 3 = CollegeWealth[®] 4 = CollegeAmerica[®]

A Overpayment Balance Available

Enter the overpayment amount computed on your return less the amount credited to estimated tax for next year. The total contribution amount in Section B below may not exceed this amount.

_____ .00

B Savings Program Information

Contribution Amount

| | | | |
|-----------|---|---|-----------|
| 1. | Program Type | Beneficiary's Last Name | |
| | <input type="checkbox"/> | _____ | _____ .00 |
| | Account Number | Routing Number | |
| | (For College America [®] , contact your financial advisor) | (Required for CollegeAmerica [®] Only) | |
| | _____ | _____ | |
| 2. | Program Type | Beneficiary's Last Name | |
| | <input type="checkbox"/> | _____ | _____ .00 |
| | Account Number | Routing Number | |
| | (For College America [®] , contact your financial advisor) | (Required for CollegeAmerica [®] Only) | |
| | _____ | _____ | |
| 3. | Program Type | Beneficiary's Last Name | |
| | <input type="checkbox"/> | _____ | _____ .00 |
| | Account Number | Routing Number | |
| | (For College America [®] , contact your financial advisor) | (Required for CollegeAmerica [®] Only) | |
| | _____ | _____ | |
| 4. | Program Type | Beneficiary's Last Name | |
| | <input type="checkbox"/> | _____ | _____ .00 |
| | Account Number | Routing Number | |
| | (For College America [®] , contact your financial advisor) | (Required for CollegeAmerica [®] Only) | |
| | _____ | _____ | |
| 5. | Program Type | Beneficiary's Last Name | |
| | <input type="checkbox"/> | _____ | _____ .00 |
| | Account Number | Routing Number | |
| | (For College America [®] , contact your financial advisor) | (Required for CollegeAmerica [®] Only) | |
| | _____ | _____ | |

6. Total Amount. Enter the total contribution amount for all Virginia529 accounts here and on Form 760, Line 32; Form 760PY, Line 32; or Form 763, Line 32. If contributing to more than 5 accounts, use the supplemental Schedule VACS and fill in this oval.

_____ .00

