

Name(s) as shown on Virginia return

Your SSN

Use this Schedule if you are contributing all or part of your refund to more than five Virginia College Savings PlanSM (Virginia529SM) accounts. Use additional Schedules VACS if necessary.

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.

2 = Virginia529 prePAIDSM

4 = CollegeAmerica®

Enter the total contribution amount for all Virginia529 accounts on Schedule VAC, Line 6 and on Form 760, Line 32; Form 760PY, Line 32; or Form 763, Line 32.

Contribution Amount

- | | | | |
|----|--|---|----------------------|
| 1. | Program Type
<input type="text"/> | Beneficiary's Last Name
<input type="text"/> | <input type="text"/> |
| | Account Number
(For College America®, contact your financial advisor) | Routing Number
(Required for CollegeAmerica® Only) | <input type="text"/> |
| 2. | Program Type
<input type="text"/> | Beneficiary's Last Name
<input type="text"/> | <input type="text"/> |
| | Account Number
(For College America®, contact your financial advisor) | Routing Number
(Required for CollegeAmerica® Only) | <input type="text"/> |
| 3. | Program Type
<input type="text"/> | Beneficiary's Last Name
<input type="text"/> | <input type="text"/> |
| | Account Number
(For College America®, contact your financial advisor) | Routing Number
(Required for CollegeAmerica® Only) | <input type="text"/> |
| 4. | Program Type
<input type="text"/> | Beneficiary's Last Name
<input type="text"/> | <input type="text"/> |
| | Account Number
(For College America®, contact your financial advisor) | Routing Number
(Required for CollegeAmerica® Only) | <input type="text"/> |
| 5. | Program Type
<input type="text"/> | Beneficiary's Last Name
<input type="text"/> | <input type="text"/> |
| | Account Number
(For College America®, contact your financial advisor) | Routing Number
(Required for CollegeAmerica® Only) | <input type="text"/> |
| 6. | Total Amount. Add the Contribution Amount from Lines 1 through 5 and enter the total here. Include this amount in the total reported on Schedule VAC. | | <input type="text"/> |