www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

BENEFICIARY TRANSACTION REQUEST

VSA 18 (07/01/2020)

Purpose: Use this form to add, change, or remove a beneficiary on a certificate of title.

Instructions: Complete this form and return to any DMV customer service center. DMV may request proof of any information provided.

OWNER INFORMATION

OWNER FULL LEGAL NAME (last, first, middle, suffix)		DMV CUSTOMER NUMBER / SSN	
RESIDENCE/HOME ADDRESS (Apt. # if applicable)	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE

VEHICLE INFORMATION

This form can not be processed without the following information.

VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE TITLE NUMBER

BENEFICIARY INFORMATION

Complete the following information to **ADD** a beneficiary to the title of your vehicle

NOTE: You can only have ONE beneficiary on the title of your vehicle.

BENEFICIARY TO ADD FULL LEGAL NAME (last, first, middle, suffix)	DMV CUSTOMER NUMBER / SSN

Complete the following information to **REMOVE** a beneficiary from the title of your vehicle

BENEFICIARY TO REMOVE FULL LEGAL NAME (last, first, middle, suffix)	DMV CUSTOMER NUMBER / SSN

Complete the following information to **CHANGE** the beneficiary that is currently on the title of your vehicle

BENEFICIARY FULL LEGAL NAME CURRENTLY ON TITLE (last, first, middle, suffix)	DMV CUSTOMER NUMBER / SSN
CORRECTED BENEFICIARY FULL LEGAL NAME TO ADD TO TITLE (last, first, middle, suffix)	DMV CUSTOMER NUMBER / SSN

IMPORTANT INFORMATION (VA Code § 46.2-633.2)

- To transfer ownership, the beneficiary must apply for a certificate of title within 120 days of the death of the owner(s).
- For an owner to successfully add a beneficiary:
  - Motor vehicles, trailers or semitrailers can NOT have a recorded lien on the title.
  - When a lien is added the beneficiary will be removed.
  - The beneficiary MUST be an individual, NOT a business entity.

CERTIFICATION

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

DATE (mm/dd/yyyy)	OWNER NAME (print)	OWNER SIGNATURE
DATE (mm/dd/yyyy)	OWNER NAME (print)	OWNER SIGNATURE
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