

In order to accept a Durable Power of Attorney, the Florida Prepaid College Board must receive the attached Affidavit of Agent Form. If there is more than one agent, each of those persons must sign the attached form and have his/her signature properly notarized. The affidavit must be dated within 30 days of the signature of your original change request. Additionally, a new Affidavit of Agent Form must be submitted with each new or subsequent change request.

Please note the following requirements:

- The agent's signature must be original and notarized. Faxed or photocopied notarized signatures will not be accepted.
- The notary must properly sign the form.
- The notary must date the form.
- The notary must print the name of the agent in the appropriate section of the form.
- A separate notary stamp is required for each signature even if the same individual notarizes all signatures.
- All signatures must be individually acknowledged by a notary.

Please mail the completed form to:

**Florida Prepaid College Board
PO Box 6567
Tallahassee, FL 32314-6567**

If you have any questions or need assistance, please call us at 1-800-552-GRAD (4723) and *press prompt 3*.

Sincerely,

Florida 529 Savings Plan
Customer Service

**Florida 529 Savings Plan
Affidavit of Agent Form
for Durable Power of Attorney**

Customer Information:

Name of Affiant/Attorney in Fact/Agent

(____)____-_____
Daytime Telephone Number

Account Number

Name of Beneficiary

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____ ("Affiant¹"),
who swore or affirmed that:

1. Affiant is the attorney in fact named in the Durable Power of Attorney executed by _____ ("Principal²") on _____, 20____.
2. This Power of Attorney is currently exercisable by Affiant. The Principal is domiciled in _____.
(Insert state, territory or foreign country)
3. To the best of Affiant's knowledge after diligent search and inquiry:
 - a. The Principal is not deceased;
 - b. Affiant's authority has not been suspended by initiation of proceedings to determine incapacity or to appoint a guardian or a Guardian advocate; and
 - c. There has been no revocation, or partial or complete termination, of the Power of Attorney or of Affiant's authority.
4. Affiant is acting within the scope of authority granted in the Power of Attorney.
5. **[Complete this paragraph if Affiant is not named as first agent in power of attorney]** Affiant is the successor to _____, who has resigned, died, become incapacitated, is no longer qualified to serve, has declined to serve as agent, or is otherwise unable to act, if applicable.
6. Affiant agrees not to exercise any powers granted by the Durable Power of Attorney if Affiant attains knowledge that it has been revoked, has been partially or completely terminated or suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

¹ Affiant/agent is the attorney in fact named in the Durable Power of Attorney who has been granted authority to act for a principal, whether denominated an agent, attorney in fact, or otherwise.
² The Principal means an individual who grants authority to an affiant/agent in a power of attorney.

(Affiant signature)

Sworn to and subscribed before me this ____ day of _____, 20____,
by _____.

Notary Public
My Commission Expires:

Notary Stamp