

You may use the form on the back of this letter either to change the allocation of new contributions or to transfer money already invested from one investment option to another. This form must be completed, signed by the account owner, and mailed to **Florida 529 Savings Plan, PO Box 6567, Tallahassee, FL 32314-6567**. Allocation changes and transfers will be effective 5-7 days after receiving the completed request. Changes or corrections to the account must be submitted in writing and must be signed by the account owner. Forms to change the current Account Owner, Survivor, or Beneficiary and other account change forms can be downloaded from our website at [www.myfloridaprepaid.com/forms](http://www.myfloridaprepaid.com/forms).

**ALLOCATION CHANGES**

**You may change the allocation of future contributions to your Florida 529 Savings Plan account to one or any available combination of the investment options at any time. The total of your new allocations must equal 100 percent.** If your total allocation does not equal 100 percent, your form will be returned to you. To view or modify your current allocation percentages, please log in to your account at [www.myfloridaprepaid.com/my-account](http://www.myfloridaprepaid.com/my-account).

**ALLOCATION TRANSFERS**

**Effective January 1, 2015, Section 529 of the Internal Revenue Code has been amended to allow the transfer of funds that have already been invested in your Florida 529 Savings Plan account from one investment option to another investment option no more than two times per calendar year.** After you have made two such investment allocation changes within the same calendar year, you will not be permitted to make additional changes in your account until January 1 of the next calendar year. Accordingly, if you have already requested two investment allocation changes during the current calendar year, additional allocation change requests will be rejected. To view or modify your current allocation percentages, please log in to your account at [www.myfloridaprepaid.com/my-account](http://www.myfloridaprepaid.com/my-account).

Please refer to the *Program Description and Participation Agreement* and consult your tax advisor for more information. If you have any questions, please call 1-800-552-GRAD (4723) and *press prompt 3*.

Sincerely,

Florida 529 Savings Plan  
Customer Service

# Florida 529 Savings Plan

## Allocation Change/Transfer Form

### Customer Information:

\_\_\_\_\_  
Name of Account Owner

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS  
Account Number

\_\_\_\_\_  
Name of Beneficiary (Student)

**ALLOCATION CHANGE** – Please complete this section if requesting an Allocation Change, and sign below. To view your current allocation percentages or other account information, please log on to [www.myfloridaprepaid.com/my-account](http://www.myfloridaprepaid.com/my-account).

Please apply the allocation percentages below to my: \_\_\_\_\_ Enclosed contribution in the amount of \$\_\_\_\_\_ and/or \_\_\_\_\_ Future contributions

#### INVESTMENT OPTION

#### FUTURE ALLOCATION %

Age Based/Years to Enrollment Portfolio*	_____ %
Blended Equity Portfolio	_____ %
Balanced Portfolio	_____ %
Money Market Fund	_____ %
Fixed Income Fund	_____ %
Domestic Equity Index Fund	_____ %
Large Cap Growth Fund	_____ %
Large Cap Value Fund	_____ %
Mid Cap Fund	_____ %
Small Cap Fund	_____ %
International (Developed Markets) Fund	_____ %
<b>TOTAL</b>	_____ %

**ALLOCATION TRANSFER** – Please complete this section if requesting an Allocation Transfer, and sign below. To view your current allocation percentages or other account information, please log on to [www.myfloridaprepaid.com/my-account](http://www.myfloridaprepaid.com/my-account).

Select one of the following:

\_\_\_\_\_ Transfer my entire account balance to match my current allocation percentages. (Your account will be re-balanced based on your current allocation percentages.)

\_\_\_\_\_ Transfer my entire account balance as noted below.

- Move \_\_\_\_\_ % of Entire Account Balance to Age Based/Years to Enrollment Portfolio\*
- Move \_\_\_\_\_ % of Entire Account Balance to Blended Equity Portfolio
- Move \_\_\_\_\_ % of Entire Account Balance to Balanced Portfolio
- Move \_\_\_\_\_ % of Entire Account Balance to Money Market Fund
- Move \_\_\_\_\_ % of Entire Account Balance to Fixed Income Fund
- Move \_\_\_\_\_ % of Entire Account Balance to Domestic Equity Index Fund
- Move \_\_\_\_\_ % of Entire Account Balance to Large Cap Growth Fund
- Move \_\_\_\_\_ % of Entire Account Balance to Large Cap Value Fund
- Move \_\_\_\_\_ % of Entire Account Balance to Mid Cap Fund
- Move \_\_\_\_\_ % of Entire Account Balance to Small Cap Fund
- Move \_\_\_\_\_ % of Entire Account Balance to International (Developed Markets) Fund

**TOTAL** \_\_\_\_\_ %

\* If your new allocations include the Age Based/Years to Enrollment Portfolio, the beneficiary's date of birth is required. If the beneficiary is over 18 years old, please provide the projected college enrollment year.

**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ **Projected Enrollment Year:** \_\_\_\_\_

**By signing below, I certify that I am the account owner and I authorize the Allocation Change/Allocation Transfer as requested above. I certify that all information on this form is true, complete, and correct and that I fully understand the requirements and consequences of the actions authorized on this form.**

\_\_\_\_\_  
SIGNATURE – account owner or authorized representative of business/organization/trust

\_\_\_\_\_  
DATE