

To cancel or rollover funds from an account in the Florida College Investment Plan, the Florida Prepaid College Board requires the account owner's notarized signature and, for accounts established on or after February 1, 2009, the survivor's notarized signature. The account owner is responsible for all reporting to the IRS and should retain all necessary receipts, invoices or other documentation. Refer to the *Disclosure Statement* and consult your tax advisor for more information.

**CANCELLATION - A cancellation is a withdrawal of the entire account balance to \$0.** A \$50 cancellation fee will be deducted from the account. A cancellation is a non-qualified withdrawal, and as a result, the earnings are subject to federal income tax and the additional tax of 10 percent. Refer to the *Disclosure Statement* and consult your tax advisor for more information. The check is made payable only to the account owner and is usually mailed within 45 days.

**ROLLOVER** - There is no fee for a partial rollover. A \$50 rollover fee will be deducted from the account for a rollover of the entire account balance. The rollover may or may not be subject to federal income tax and the additional tax of 10 percent. Refer to the *Disclosure Statement* and consult your tax advisor for more information. Checks for rollovers are usually mailed within 45 days.

**The refund will be mailed to the address on file. If an update is required, a Change of Address Form may be downloaded from [www.myfloridaprepaid.com/Forms](http://www.myfloridaprepaid.com/Forms). The Account Owner's signature is required to change the address on an account. In order for the address update to be made with the cancellation, the Change of Address form must accompany this notarized form.**

Please remember:

- All signatures 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 names of the account owner and survivor (if applicable) in the appropriate section.
- A separate notary stamp is required for each signature even if the same individual notarizes both signatures.
- All signatures must be individually acknowledged by a notary.
- An incomplete or incorrectly completed form may delay the refund release process.

**Please complete only the applicable section and return the completed and notarized form to: Florida Prepaid College Board, P.O. Box 6567, Tallahassee, FL 32314-6567.**

We hope to have the opportunity to serve you and your family again in the future. If you have any questions about the account, please call 1-800-552-GRAD (4723) and *press prompt 3*.

Sincerely,

Florida College Investment Plan  
Customer Service



# Florida College Investment Plan Cancellation Form

## Customer Information:

Account Number: \_\_\_\_\_

Account Owner Name: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

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

**CANCELLATION** - A cancellation is a withdrawal of the entire account balance to \$0. A \$50 cancellation fee will be deducted from the account. A cancellation is a non-qualified withdrawal, and as a result, the earnings are subject to federal income tax and the additional tax of 10 percent. Refer to the *Disclosure Statement* and consult your tax advisor for more information. The check is made payable only to the account owner and is usually mailed within 45 days.

**Please select ONE of the following cancellation reasons:**

- Qualified withdrawal to pay college expenses
- Financial Hardship
- Plan to re-enroll later
- Death or Disability of the beneficiary
- Expectation of the program not met
- Choosing a different college investment
- Beneficiary received a Bright Futures scholarship
- Beneficiary received other scholarship
- Beneficiary will not attend/complete college
- Account opened in error
- Beneficiary has graduated, does not need the remaining benefits
- Cancel and transfer contributions to account # \_\_\_\_\_
- Other: \_\_\_\_\_

For information or assistance, please call 1-800-552-GRAD (4723) and *press prompt 3*.

**Please return the completed and notarized form to: Florida Prepaid College Board, P.O. Box 6567, Tallahassee, FL 32314-6567.**

By signing below, I (we) certify that we are the account owner and survivor, and I (we) authorize the cancellations as requested above. I (We) certify that all information on this form is true, complete and correct and that I (we) fully understand the requirements and consequences of the action authorized on this form.

**X** \_\_\_\_\_  
**ACCOUNT OWNER'S SIGNATURE – REQUIRED**

State of \_\_\_\_\_, County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_  
(PRINT ACCOUNT OWNER'S NAME)  
who is (select one):  Personally known, OR  Produced identification  
Type of Identification: \_\_\_\_\_  
State of: \_\_\_\_\_

**X** \_\_\_\_\_  
**SURVIVOR'S SIGNATURE- REQUIRED – For investment accounts established on or after February 1, 2009.**

State of \_\_\_\_\_, County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_  
(PRINT SURVIVOR'S NAME)  
who is (select one):  Personally known, OR  Produced identification  
Type of Identification: \_\_\_\_\_  
State of: \_\_\_\_\_

**X** \_\_\_\_\_  
**SIGNATURE OF NOTARY – REQUIRED**

Notary Stamp

**X** \_\_\_\_\_  
**SIGNATURE OF NOTARY – REQUIRED**

Notary Stamp



Florida College Investment Plan Rollover Form

Customer Information:

Account Number: \_\_\_\_\_

Account Owner Name: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

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

ROLLOVER - There is no fee for a partial rollover. A \$50 rollover fee will be deducted from the account for a rollover of the entire account balance. The rollover may or may not be subject to federal income tax and the additional tax of 10 percent. Refer to the Disclosure Statement and consult your tax advisor for more information. Checks for rollovers are usually mailed within 45 days.

PARTIAL ROLLOVER OF \$ \_\_\_\_\_ OR \_\_\_\_\_ Entire Account Balance

PAY TO (Select ONE): Account Owner \_\_\_\_\_ Another 529 Plan \_\_\_\_\_

If another 529 plan is selected as the recipient, provide the name, account number and address of the 529 plan:

Name of 529 Plan: \_\_\_\_\_ Account Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

For information or assistance, please call 1-800-552-GRAD (4723) and press prompt 3.

Please return the completed and notarized form to: Florida Prepaid College Board, P.O. Box 6567, Tallahassee, FL 32314-6567.

By signing below, I (we) certify that I (we) are the account owner and survivor, and I (we) authorize the rollover as requested above. I (We) certify that all information on this form is true, complete and correct and that I (we) fully understand the requirements and consequences of the action authorized on this form.

X \_\_\_\_\_ ACCOUNT OWNER'S SIGNATURE - REQUIRED

State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_ (PRINT ACCOUNT OWNER'S NAME)

who is (select one): \_\_\_ Personally known, OR \_\_\_ Produced identification

Type of Identification: \_\_\_\_\_

State of: \_\_\_\_\_

X \_\_\_\_\_ SIGNATURE OF NOTARY - REQUIRED

Notary Stamp

X \_\_\_\_\_ SURVIVOR'S SIGNATURE - REQUIRED - For investment accounts established on or after February 1, 2009.

State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_ (PRINT SURVIVOR'S NAME)

who is (select one): \_\_\_ Personally known, OR \_\_\_ Produced identification

Type of Identification: \_\_\_\_\_

State of: \_\_\_\_\_

X \_\_\_\_\_ SIGNATURE OF NOTARY - REQUIRED

Notary Stamp