

This form can be used to request either a cancellation or a rollover of funds from your Florida 529 Savings Plan. The account owner is responsible for all reporting to the IRS and should retain all necessary receipts, invoices, or other documentation.

CANCELLATION – A cancellation is a withdrawal of the entire account balance to \$0. A cancellation may be a non-qualified withdrawal, and as a result, the earnings may be subject to federal income tax and the additional tax of ten percent. To cancel funds from an account in the Florida 529 Savings Plan, the Florida Prepaid College Board requires the account owner's and survivor's notarized signatures. Refer to the *Program Description and Participation Agreement* 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.

The refund will be mailed to the address on file. If an update is required, an Address Change Form may be downloaded from 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 Address Change Form must accompany this notarized form.

Please remember:

- For cancellation requests, all signatures must be original and notarized.
- 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.

ROLLOVER – A rollover may or may not be subject to federal income tax and the additional tax of ten percent. To roll over funds from an account in the Florida 529 Savings Plan, the Florida Prepaid College Board requires the account owner's signature. Refer to the *Program Description and Participation Agreement* and consult your tax advisor for more information. Checks for rollovers are usually mailed within 45 days.

Please complete only the applicable section and return the completed and notarized form to: Florida Prepaid College Board, PO 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 529 Savings Plan
Customer Service



Florida 529 Savings 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 cancellation may be a non-qualified withdrawal, and as a result, the earnings may be subject to federal income tax and the additional tax of 10 percent. Refer to the Program Description and Participation Agreement 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
___ Other:
___ 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 # _____

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, PO Box 6567, Tallahassee, FL 32314-6567.

By signing below, I/we certify that I am/we are the account owner, survivor, or authorized representative, 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 (select one): ___ is personally known, OR ___ produced identification

Type of identification: _____

State of: _____

X SURVIVOR'S SIGNATURE – REQUIRED for Savings 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 (select one): ___ is 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 529 Savings Plan Rollover Form

Customer Information:

Account Number: _____

Account Owner Name: _____

Beneficiary Name: _____

Daytime Telephone Number: (____) _____ - _____

ROLLOVER – A rollover may or may not be subject to federal income tax and the additional tax of 10 percent. Refer to the Program Description and Participation Agreement 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, please 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 form to: Florida Prepaid College Board, PO Box 6567, Tallahassee, FL 32314-6567.

ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

By signing below, I certify that I am the account owner and authorize the rollover 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 action authorized on this form.

SIGNATURE of Account Owner – REQUIRED

DATE