FLORIDA PREPAID COLLEGE BOARD

Florida 529 Savings Plan
Change of Account Owner Form

Changing the current account owner of an account in the Florida 529 Savings Plan requires the account owner's notarized signature and, for accounts established on or after February 1, 2009, the survivor's notarized signature. The *new* account owner must also sign the form and initial the representations section of the form.

The account owner is responsible for all reporting to the IRS and should retain all necessary receipts, invoices, or other documentation. Refer to the *Program Description and Participation Agreement* and consult your tax advisor for more information.

NEW ACCOUNT OWNER INFORMATION – The account owner must be an individual who is 18 years of age or older and a citizen or resident alien of the United States, or an entity such as a business, organization, or trust organized under the laws of the United States.

Please remember:

- All signatures must be original and notarized. Faxed or photocopied notarized signatures will not be accepted.
- The new account owner must sign and initial the representations section.
- 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 parties must be individually acknowledged by a notary.

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

Once the required information is received, we will update the account and provide the new account owner documents reflecting the change in account owner.

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 PREPAID COLLEGE BOARD

Florida 529 Savings Plan
Change of Account Owner Form

Customer Information:

_____
Name of Current Account Owner or Authorized Representative of Business/Organization/Trust

_____ - _____ - _____
Daytime Telephone Number

_____
Account Number

_____
Name of Beneficiary (Student)

CURRENT ACCOUNT OWNER AND SURVIVOR AUTHORIZATION AND SIGNATURE

I (we) acknowledge by executing this form that the current account owner relinquishes all rights and responsibilities, and I (we) authorize the Florida Prepaid College Board to change the account owner for the Savings Account. The current survivor designation for the Savings Account is unaffected by this form; if a survivor change is also needed, a separate request is required. The Change of Survivor Form can be obtained at www.myfloridaprepaid.com/forms.

CURRENT ACCOUNT OWNER

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 _____
SIGNATURE OF NOTARY – REQUIRED

Notary Stamp

CURRENT SURVIVOR

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

FLORIDA PREPAID COLLEGE BOARD

Florida 529 Savings Plan
Change of Account Owner Form

Customer Information:

_____
Name of Current Account Owner or Authorized Representative of Business/Organization/Trust

_____ - _____ - _____
Daytime Telephone Number

_____
Account Number

_____
Name of Beneficiary (Student)

NEW ACCOUNT OWNER

Name: (Last/First/Middle) _____

SSN: _____ - _____ - _____

Address: _____

_____

City: _____

State, Zip Code: _____

E-Mail Address: _____

Primary Phone #: ( ) _____ - _____

Secondary Phone #: ( ) _____ - _____

NEW ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

By signing and initialing below, I certify that: (1) all the information provided on this form and documentation furnished to the Florida Prepaid College Board with this form are true, complete, and correct; (2) if I am a natural person, I am a citizen or resident alien of the United States; (3) if I am signing on behalf of a business, organization, or trust organized under the laws of the United States, I am authorized to make these certifications and representations and to sign this form on behalf of such business, organization, or trust; and (4) the survivor and the beneficiary are citizens or resident aliens of the United States.
I further certify, acknowledge, and represent as follows:

- I have read and understood the Florida 529 Savings Plan *Program Description and Participation Agreement*, and consent to the policies, terms, and conditions of the Florida 529 Savings Plan and the *Program Description and Participation Agreement*. I understand that the *Program Description and Participation Agreement*, which is incorporated into this form by reference, as it relates to enrollment in the Florida 529 Savings Plan, constitutes a legally binding agreement between me and the Florida Prepaid College Board. I understand that the policies, terms, and conditions of the Florida 529 Savings Plan and *Program Description and Participation Agreement* may be amended from time to time without prior notice, and I understand and agree that I will be subject to those amendments. **INITIALS:** _____

- I understand that enrolling in the Florida 529 Savings Plan and investing my funds in the investment options involves a high degree of risk, account values may fluctuate, and there is no guarantee. I understand that I could lose all funds, including any earnings on those funds, deposited in the account, and investments in the Florida 529 Savings Plan are not deposits or obligations of, or insured or guaranteed by the State of Florida, the United States government, the Florida Prepaid College Board, the Federal Deposit Insurance Corporation, or any other governmental agency or financial institution. **INITIALS:** _____

- I understand that, for accounts established on or after February 1, 2009, the survivor's agreement will also be required for all future changes of account owner, survivor, or beneficiary; requests for voluntary termination of the account; and refund requests associated with the involuntary termination of the account. **INITIALS:** _____

_____ _____
SIGNATURE – New Account Owner **DATE**