



Changing the beneficiary of an account in the Florida 529 Savings Plan requires the account owner's notarized signature and Efor accounts established on or after February 1, 2009, the survivor's notarized signature.

The new beneficiary must be a member of the family of the original beneficiary, as defined by s. 529 of the Internal Revenue Code.

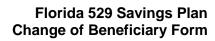
Please remember:

- 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.

If you have any questions or concerns, please call 1-800-552-GRAD (4723) and press prompt 3.

Sincerely,

Florida 529 Savings Plan Customer Service





| | Customer Information: |
|---|---|
| | Name of Account Owner or Authorized Representative of Business/Organization/Trust Daytime Telephone Number Account Number |
| | |
| | |
| New Beneficiary Information | Mark how the new beneficiary is related to the current beneficial |
| Name: (Last/First/Middle) SSN: | son or daughter or a descendant of eitherbrother, sister stepbrother or stepsisterfather, mother, or an ancestor of either brother or sister of the father or mother |
| Address: | stepson or stepdaughter son or daughter of a brother or sister son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law the spouse of any of the foregoing individuals, including the current |
| City, State, Zip: Birth Date: (Month/Day/Year) | beneficiarystepfather or stepmothera first cousin |
| Gender: M F Current Grade (If applicable): | |
| | r Form, which may be found at www.myfloridaprepaid.com/forms. ge the beneficiary of the Savings Account and certify that the new beneficiary ciary. |
| ACCOUNT OWNER | SURVIVOR |
| X | X |
| ACCOUNT OWNER'S SIGNATURE – REQUIRED | SURVIVOR'S SIGNATURE- REQUIRED - For Savings Accounts established on or after February 1, 2009. |
| State of, County of | State ofCounty of |
| The foregoing instrument was acknowledged before me | The foregoing instrument was acknowledged before me |
| this day of , 20 | this day of, 20 |
| by | by (PRINT SURVIVOR'S NAME) |
| (PRINT ACCOUNT OWNER'S NAME) | |
| who (select one): | who (select one):∰a ∱ ersonally known, ORA roduced identification |
| Type of Identification: | Type of Identification: |
| State of: | State of: |
| XSIGNATURE OF NOTARY - REQUIRED | X |
| | SIGNATURE OF NOTARY - REQUIRED |
| Notary Stamp | Notary Stamp |