

Changing the beneficiary 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 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

Name of Beneficiary (Student)

New Beneficiary Information

Name: _____
(Last/First/Middle)

SSN: _____ - _____ - _____

Address: _____

City, State, Zip: _____

Birth Date: _____
(Month/Day/Year)

Gender: **M** **F** Current Grade (If applicable): _____

Mark how the new beneficiary is related to the current beneficiary

- son or daughter or a descendant of either
- brother, sister stepbrother or stepsister
- father, mother, or an ancestor of either
- brother or sister of the father or mother
- 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 beneficiary
- stepfather or stepmother
- a first cousin

Optional: To authorize a transfer of money already invested in the Savings Account from one investment option to another, check here and attach an Allocation Transfer Form, which may be found at www.myfloridaprepaid.com/forms.

I (we) authorize the Florida Prepaid College Board to change the beneficiary of the Savings Account and certify that the new beneficiary listed above is a member of the family of the original beneficiary.

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): Personally known, OR reduced identification

Type of Identification: _____

State of: _____

X _____
SIGNATURE OF NOTARY – REQUIRED

Notary Stamp

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): Personally known, OR reduced identification

Type of Identification: _____

State of: _____

X _____
SIGNATURE OF NOTARY – REQUIRED

Notary Stamp