



Florida College Investment Plan Address Change Form

Account Number: _____

Account Owner Name: _____

Use this form to update the address for anyone listed on your Florida College Investment Plan. Forms which are not signed will not be updated. This form may be mailed to the address below or sent by fax to 850-309-1766. This form is only for address updates, if a change of Account Owner, Survivor or Beneficiary is needed, please find the appropriate forms at www.myfloridaprepaid.com/forms.

ACCOUNT OWNER: _____

Street Address

Apartment/Suite Number

City

State

ZIP Code

(____)____-____
Primary Phone Number

(____)____-____
Secondary Phone Number

E-mail Address

SURVIVOR: Please check this box if the Survivor's address is the same as the Account Owner's.

Street Address

Apartment/Suite Number

City

State

ZIP Code

(____)____-____
Primary Phone Number (if different than Account Owner's)

(____)____-____
Secondary Phone Number (if different than Account Owner's)

E-mail Address (if different than Account Owner's)

BENEFICIARY: Please check this box if the Beneficiary's address is the same as the Account Owner's.

Street Address

Apartment/Suite Number

City

State

ZIP Code

(____)____-____
Primary Phone Number (if different than Account Owner's)

E-mail Address (if different than Account Owner's)

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

X _____
ACCOUNT OWNER SIGNATURE- REQUIRED

DATE

Mail completed, signed forms to: Florida Prepaid College Plan, P.O. Box 6567, Tallahassee, FL 32314-6567