



Florida 529 Savings Plan Address Change Form

Account Number: _____

Account Owner Name: _____

Use this form to update the address for anyone listed on your Florida 529 Savings Plan. Forms, which are not signed, will not be updated. This form may be mailed to: **Florida 529 Savings Plan, PO Box 6567, Tallahassee, FL 32314-6567**, 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 the account owner's)

(____)____-____
Secondary Phone Number (if different than the account owner's)

E-mail Address (if different than the 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 _____

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