

Changing the survivor on an account in the Florida College Investment Plan requires the account owner's notarized signature and, for accounts established on or after February 1, 2009, the current survivor's notarized signature. An account owner may only list one survivor.

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, please call us at 1-800-552-GRAD (4723) and *press prompt 3*.

Sincerely,

Florida College Investment Plan
Customer Service



Florida College Investment Plan Change of Survivor Form

Customer Information:

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

Daytime Telephone Number

Account Number

Name of Beneficiary (Student)

Return the completed and notarized form to: Florida Prepaid College Board, P.O. Box 6567, Tallahassee, FL 32314-6567.

NEW SURVIVOR'S NAME: _____ SSN#: _____ -- _____ -- _____

Street City State Zip

Home Phone #: () _____

Work Phone #: () _____

I (We) authorize the Florida Prepaid College Board to change the survivor on the above referenced account. In addition, I (we) understand for accounts established on or after February 1, 2009, the new survivor's agreement will also be required for all future changes of account owner, survivor, and beneficiary, requests for voluntary termination of the account, and refund requests associated with the termination of the account.

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 is (select one): ___Personally known, OR ___Produced identification

Type of Identification: _____

State of: _____

X _____

SIGNATURE OF NOTARY - REQUIRED

Notary Stamp

CURRENT SURVIVOR

X _____

CURRENT SURVIVOR'S SIGNATURE-REQUIRED - For 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 is (select one): ___Personally known, OR ___Produced identification

Type of Identification: _____

State of: _____

X _____

SIGNATURE OF NOTARY - REQUIRED

Notary Stamp