

Changing or removing the survivor on 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 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 529 Savings Plan
Customer Service



Florida 529 Savings Plan Change/Remove 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, PO Box 6567, Tallahassee, FL 32314-6567.

Please select one of the following options:

- I/we wish to remove the current survivor on the account.
- I/we wish to change the current survivor to the individual below.

NEW SURVIVOR INFORMATION

Name: _____

SSN: _____ - _____ - _____

Street Address City State Zip

Home Phone #: () _____ - _____

Work Phone #: () _____ - _____

I (we) authorize the Florida Prepaid College Board to change or remove the survivor on the above-referenced account. In addition, I (we) understand that, 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

CURRENT SURVIVOR

X _____

X _____

ACCOUNT OWNER'S SIGNATURE - REQUIRED

CURRENT SURVIVOR'S SIGNATURE - REQUIRED - For Savings
Accounts established on or after February 1, 2009.

State of _____, County of _____

State of _____, County of _____

The foregoing instrument was acknowledged before me

The foregoing instrument was acknowledged before me

this _____ day of _____, 20____

this _____ day of _____, 20____

by _____
(PRINT ACCOUNT OWNER'S NAME)

by _____
(PRINT SURVIVOR'S NAME)

who (select one): ___ is personally known, OR ___ produced identification

who (select one): ___ is personally known, OR ___ produced identification

Type of Identification: _____

Type of Identification: _____

State of: _____

State of: _____

X _____

X _____

SIGNATURE OF NOTARY - REQUIRED

SIGNATURE OF NOTARY - REQUIRED

Notary Stamp

Notary Stamp