

Please use this Death of Account Owner Change Form if the following circumstances apply:

- The account was established after May 29, 2013 or the account owner opted into right of survivorship for the beneficiary.
- There is no survivor currently listed on the account.
- You are the beneficiary and are 18 years of age or older.

To exercise the right of survivorship, the beneficiary must complete and sign the form in the space provided and have the signature properly notarized. The completed form must be mailed along with a certified copy of the current account owner's death certificate.

You may designate yourself or another individual as the new account owner and you may also designate a new survivor. Any person designated to be the new account owner or survivor must be 18 years of age or older and a citizen or resident alien of the United States.

Please remember:

- You must provide a certified copy of the deceased account owner's death certificate.
- Your signature must be original and notarized. Faxed or photocopied notarized signatures will not be accepted.
- The new account owner must sign and initial the representations section on the last page of this form.
- The notary must properly sign the form.
- The notary must date the form.
- The notary must print your name in the appropriate section of the form.

Please mail the completed form and the requested documentation to:

**Florida Prepaid College Board
PO Box 6567
Tallahassee, FL 32314-6567**

Once the required information is received, we will update the account and provide documents reflecting the change in account owner.

If you have any questions or need assistance, please call us at 1-800-552-GRAD (4723) and *press prompt 3*.

Sincerely,

Florida 529 Savings Plan
Customer Service



Florida 529 Savings Plan Death of Account Owner Change Form

Customer Information:

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

Daytime Telephone Number

Account Number

Name of Beneficiary (Student)

NEW ACCOUNT OWNER

NEW SURVIVOR (Optional)

Salutation: ___ Mr. ___ Mrs. ___ Ms. ___ Dr.

___ Mr. ___ Mrs. ___ Ms. ___ Dr.

Legal Name: _____
(Last/First/Middle)

SSN: _____ - _____ - _____

_____ - _____ - _____

Address: _____

City, State, Zip Code: _____

E-mail Address: _____

Primary Phone #: () _____ - _____

() _____ - _____

Secondary Phone #: () _____ - _____

() _____ - _____

Signature: X _____

X _____

This form is not complete until the new account owner has completed the authorization section on the last page.

BENEFICIARY AUTHORIZATION AND SIGNATURE

I authorize the Florida Prepaid College Board to make these changes on the above-referenced account.

X _____

SIGNATURE OF BENEFICIARY- REQUIRED

State of _____, County of _____

The foregoing instrument was acknowledged before me

this _____ day of _____, 20____

by _____
(PRINT NAME OF BENEFICIARY)

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

Type of Identification: _____

State of: _____

X _____

SIGNATURE OF NOTARY – REQUIRED

Notary Stamp



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Customer Information:

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

Daytime Telephone Number

Account Number

Name of Beneficiary (Student)

NEW ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

By signing and initialing below, I certify that (1) all the information provided on this form and documentation furnished to the Florida Prepaid College Board with this form are true, complete, and correct, (2) if I am a natural person, I am a citizen or resident alien of the United States, (3) if I am signing on behalf of a business, organization, or trust organized under the laws of the United States, I am authorized to make these certifications and representations and to sign this form on behalf of such business, organization, or trust, and (4) the survivor and the beneficiary are citizens or resident aliens of the United States.

I further certify, acknowledge, and represent as follows:

- I have read and understand the Florida 529 Savings Plan *Program Description and Participation Agreement*, and consent to the policies, terms, and conditions of the Florida 529 Savings Plan and the *Program Description and Participation Agreement*. I understand that the *Program Description and Participation Agreement*, which is incorporated into this form by reference, as it relates to enrollment in the Florida 529 Savings Plan, constitutes a legally binding agreement between me and the Florida Prepaid College Board. I understand that the policies, terms, and conditions of the Florida 529 Savings Plan and the *Program Description and Participation Agreement* may be amended from time to time without prior notice, and I understand and agree that I will be subject to those amendments. **INITIALS:** _____
- I understand that enrolling in the Florida 529 Savings Plan and investing my funds in the investment options involves a high degree of risk, account values may fluctuate, and there is no guarantee. I understand that I could lose all funds, including any earnings on those funds, deposited in the account, and investments in the Florida 529 Savings Plan are not deposits or obligations of, or insured or guaranteed by the State of Florida, the United States government, the Florida Prepaid College Board, the Federal Deposit Insurance Corporation, or any other governmental agency or financial institution. **INITIALS:** _____
- In addition, I understand for Savings 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, voluntary termination of the account, and refund requests associated with the termination of the account. **INITIALS:** _____

SIGNATURE OF NEW ACCOUNT OWNER - REQUIRED

DATE