

This form may be used for Florida 529 Savings Plan accounts that were established prior to February 1, 2009 that do not currently have a designated survivor. A survivor becomes the new account owner upon the death of the account owner.

Currently, the account owner alone may change the account owner, survivor, or beneficiary, request voluntary termination of the account, and request refunds associated with the involuntary termination of the account.

By designating a survivor in the space indicated on this form, having the form signed by you and the survivor, and having both signatures notarized, any future requests for changes of account owner, survivor, or beneficiary, requests for voluntary termination of the account, and requests for refunds associated with the involuntary termination of the account will require the approval of both the account owner and the survivor. This contract change will also allow the account owner alone to make such changes if the survivor dies, or the survivor alone to make such changes if the account owner dies.

If you and the survivor decide to make this revision to the contract, it will apply to the account you list on the form. Please note: this revision is permanent and irrevocable.

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.
- 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 Designation of Survivor & Joint Approval – Opt-In 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.

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

Street City State Zip

Primary Phone #: _____ - _____ - _____

Secondary Phone #: _____ - _____ - _____

We authorize the Florida Prepaid College Board to change the above-referenced account so that any future requests for changes of account owner, survivor, or beneficiary, requests for voluntary termination of the account, and requests for refunds associated with the involuntary termination of the account will require the approval of both the account owner and the survivor. This contract change will also allow the account owner alone to make such changes if the survivor dies, or the survivor alone to make such changes if the account owner dies.

We understand and agree that our election to be subject to these requirements is irrevocable and, after it is made, may not be changed later by either of us individually or both of us together.

ACCOUNT OWNER

X _____

SIGNATURE OF ACCOUNT OWNER – REQUIRED

State of _____ County of _____

The foregoing instrument was acknowledged before me

this _____ day of _____, 20 _____

by _____
(PRINT ACCOUNT OWNER'S NAME)

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

Type of identification: _____

State of: _____

X _____

SIGNATURE OF NOTARY – REQUIRED

Notary Stamp

SURVIVOR

X _____

SIGNATURE OF SURVIVOR – REQUIRED

State of _____ County of _____

The foregoing instrument was acknowledged before me

this _____ day of _____, 20 _____

by _____
(PRINT SURVIVOR'S NAME)

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

Type of identification: _____

State of: _____

X _____

SIGNATURE OF NOTARY – REQUIRED

Notary Stamp