

Customer Information:

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

(_____) - _____ - _____
Daytime Telephone Number

_____SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
Account Number

Name of Beneficiary (Student)

Following is information about the Florida 529 Savings Plan's policy for legal name changes. You may use this form to change the **name only** of an account owner, survivor, or beneficiary. Forms to change the current account owner, survivor, or beneficiary designation and other account change forms can be downloaded from **www.myfloridaprepaid.com/forms**.

- You must complete, sign, and date the form below.
- Attach a copy of the finalized legal documentation, such as a marriage certificate, divorce decree, or adoption papers, confirming the entire process by which your name changed. *Please note: a Driver's License and/or Social Security card will not be accepted as sufficient legal documentation.*
- Return this form and the required documentation described above to: **Florida Prepaid College Plan, PO Box 6567, Tallahassee, FL 32314-6567** or FAX to 850-309-1766.

Please check the individual whose name is to be changed:

Account Owner Survivor Beneficiary

COMPLETE BOTH SECTIONS BELOW if changing the name of the account owner, survivor, or beneficiary, including the required signature. Name changes for beneficiaries under the age of 18 require the signature of the account owner.

Name as it currently appears in our records (please print):

First Middle

Last

Name as it appears after legal change (please print):

First Middle

Last

SIGNATURE – REQUIRED

Please sign your name as it currently appears in our records.

DATE

SIGNATURE – REQUIRED

Please sign your name as it appears in the legal documentation you provided.

DATE