



Florida 529 Savings Plan Add Survivor Form

Customer Information:

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

_____-_____-_____
Daytime Telephone Number

SSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
Account Number

Name of Beneficiary (Student)

The account owner may use this form to add a survivor to an account for which no survivor is currently listed; only one survivor may be listed.

Please complete and sign the section below, and return this form to the address provided or FAX it to 850-309-1766.

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

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

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

Street City State Zip

E-mail

Home Phone #: () _____

Work Phone #: () _____

I 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, or beneficiary, requests for voluntary termination of the account, and refund requests associated with the involuntary termination of the account.

ACCOUNT OWNER'S SIGNATURE – REQUIRED

DATE