

This form may be used to release a refund that has been placed on hold. **This form may not be used to cancel an account.** If you would like to cancel your account, please download a Cancellation-Rollover Form, found at [www.myfloridaprepaid.com/forms](http://www.myfloridaprepaid.com/forms).

A request for a refund that has been placed on hold requires the account owner's notarized signature and, for accounts established on or after February 1, 2009, the survivor's notarized signature. Once the completed and notarized request has been received, the refund will be released. Refer to the *Program Description and Participation Agreement* and consult your tax advisor for more information.

**The refund will be mailed to the address on file. If an update is required, an Address Change Form may be downloaded from [www.myfloridaprepaid.com/forms](http://www.myfloridaprepaid.com/forms). The account owner's signature is required to change the address on an account. In order for the address update to be made with the refund release, the Address Change Form must accompany this notarized form.**

Refunds are made payable only to the account owner and are usually mailed within 45 days. An incomplete or incorrectly completed form may delay the refund release process.

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 or concerns, please call 1-800-552-GRAD (4723) and *press prompt 3*.

**Customer Information:**

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

**Daytime Telephone Number**

**Account Number**

**Name of Beneficiary (Student)**

Please return the completed and notarized form to: Florida Prepaid College Board, PO Box 6567, Tallahassee, FL 32314-6567.

I (we) authorize the Florida Prepaid College Board to release the refund for the above-referenced account:

**ACCOUNT OWNER**

**X** \_\_\_\_\_  
**ACCOUNT OWNER'S SIGNATURE – 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** \_\_\_\_\_  
**SURVIVOR'S SIGNATURE – REQUIRED for accounts established  
on or after February 1, 2009**

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