

This form may be used to process a full or partial withdrawal of funds from a Florida College Investment Plan. A check will be issued within 45 days of receiving a complete request. If the request was incomplete, it will be returned.

- To process a full withdrawal of funds the Florida Prepaid College Board requires the account owner's notarized signature and, for investment accounts established on or after February 1, 2009, the survivor's notarized signature.
- To process a partial withdrawal of funds only the account owner's signature is required.

To close or rollover your Florida College Investment Plan, please use the Cancellation-Rollover Form.

A **qualified withdrawal** is used to pay qualified higher education expenses of the beneficiary (student) and is not subject to federal income tax or an additional tax of 10 percent. Qualified higher education expenses generally include tuition, fees, room and board, books, supplies and equipment required for enrollment at an eligible education institution. If the withdrawal is not a qualified withdrawal, the withdrawal may be subject to federal income tax and an additional tax of 10 percent. Please refer to the Florida College Investment Plan *Disclosure Statement* for further definitions and consult your tax advisor for more information.

To make the withdrawal payable to an eligible educational institution, you must provide the institution's Federal School Code. This information may be obtained through the school or at www.fafsa.ed.gov. The account owner is responsible for all reporting to the IRS and should retain all necessary receipts, invoices or other documentation.

Please remember:

- All signatures must be original and notarized for a full withdrawal of funds. 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.

Please complete only the applicable section and return the completed form to:

**Florida Prepaid College Board
P.O. Box 6567
Tallahassee, FL 32314-6567**

We hope to have the opportunity to serve you and your family again in the future. If you have any questions about the account, please call 1-800-552-GRAD (4723) and *press prompt 3*.

Sincerely,

Florida College Investment Plan
Customer Service

Customer Information:

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

Daytime Telephone Number

Account Number

Name of Beneficiary (Student)

For a **PARTIAL WITHDRAWAL**, this section of the form must be completed.

1. WITHDRAWAL AMOUNT

Withdrawal amount: \$ _____

2. WITHDRAWAL PAYEE (Please select only ONE payee.)

If account owner or beneficiary is selected, the check will be mailed to the address on file.

____ Account Owner ____ Beneficiary ____ Eligible Educational Institution

Name of Eligible Educational Institution: _____

Federal School Code (REQUIRED): _____ Student ID Number, if available: _____

Address: _____

Street

City

State

Zip Code

3. WITHDRAWAL REASON

- | | |
|--|---|
| <input type="checkbox"/> Pay college expenses of the beneficiary | <input type="checkbox"/> Beneficiary received Bright Futures scholarship |
| <input type="checkbox"/> Financial hardship | <input type="checkbox"/> Beneficiary received other scholarship |
| <input type="checkbox"/> Plan to re-enroll later | <input type="checkbox"/> Beneficiary will not attend/complete college |
| <input type="checkbox"/> Death or disability of the beneficiary | <input type="checkbox"/> Beneficiary has graduated; does not need the remaining funds |
| <input type="checkbox"/> Choosing a different college investment | <input type="checkbox"/> Other: _____ |

4. ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

By signing below, I certify that I am the account owner or authorized representative and I authorize the withdrawal requested above. I certify all information on this form is true, complete and correct and that I fully understand the requirements and consequences of the action authorized on this form.

SIGNATURE – Account Owner or Authorized Representative of Business/Organization/Trust

DATE

Customer Information:

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

Daytime Telephone Number

Account Number

Name of Beneficiary (Student)

For a **FULL WITHDRAWAL**, this section of the form must be completed.

1. WITHDRAWAL AMOUNT

Entire Account Balance Please STOP my automatic contributions

2. WITHDRAWAL PAYEE (Please select only ONE payee.)

If account owner or beneficiary is selected, the check will be mailed to the address on file.

Account Owner Beneficiary Eligible Educational Institution

Name of Eligible Educational Institution: _____

Federal School Code (REQUIRED): _____ Student ID Number, if available: _____

Address: _____
Street City State Zip Code

3. WITHDRAWAL REASON

- | | |
|--|---|
| <input type="checkbox"/> Pay college expenses of the beneficiary | <input type="checkbox"/> Beneficiary received Bright Futures scholarship |
| <input type="checkbox"/> Financial hardship | <input type="checkbox"/> Beneficiary received other scholarship |
| <input type="checkbox"/> Plan to re-enroll later | <input type="checkbox"/> Beneficiary will not attend/complete college |
| <input type="checkbox"/> Death or disability of the beneficiary | <input type="checkbox"/> Beneficiary has graduated; does not need the remaining funds |
| <input type="checkbox"/> Choosing a different college investment | <input type="checkbox"/> Other: _____ |

For information or assistance, please call 1-800-552-GRAD (4723) and *press prompt 3*. Please return the completed and notarized form to: Florida Prepaid College Board, P.O. Box 6567, Tallahassee, FL 32314-6567.

By signing below, I (we) certify that I (we) are the account owner and survivor or authorized representative, and I (we) authorize the withdrawal requested above. I (We) certify all information on this form is true, complete and correct and that I (we) fully understand the requirements and consequences of the action authorized on this form.

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 is (select one): Personally known, OR Produced identification

Type of Identification: _____

State of: _____

X _____
SIGNATURE OF NOTARY - REQUIRED

Notary Stamp

X _____
SURVIVOR'S SIGNATURE - REQUIRED- For investment 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 is (select one): Personally known, OR Produced identification

Type of Identification: _____

State of: _____

X _____
SIGNATURE OF NOTARY - REQUIRED

Notary Stamp