

**Important! You may enroll in the Florida Prepaid College Plan now, but you will be subject to the new plan prices effective in October 2012.**

**REFER TO THESE INSTRUCTIONS FOR THE NEW ACCOUNT APPLICATION. TO ENROLL ONLINE, VISIT MYFLORIDAPREPAID.COM.**

1. You may use this application to open a new Florida Prepaid College Plan, a new Florida College Investment Plan or both for the same beneficiary (student). However, you must complete a separate application for each beneficiary. Please refer to the Enrollment Kit for information about the Florida Prepaid College Plan and the Florida College Investment Plan options, features and policies. All information is required unless the information requested is not applicable to you or is designated as "Optional."

**Return your completed application, check(s) or money order(s), and any required documentation to:**

**Florida Prepaid College Board, P.O. Box 6448, Tallahassee, FL 32314-6448. You will receive written confirmation within four weeks.**

**For information or assistance, call 1-800-552-GRAD (4723) or visit myfloridaprepaid.com.**

2. To enroll **only** in the **FLORIDA PREPAID COLLEGE PLAN**:
  - Complete Sections 1, 2, 3, 4 and 5.
  - Attach the required Florida residency documentation listed in Section 5B.
  - Attach a check or money order, **made payable to Florida Prepaid College Plan**, for the application fee listed in Section 5C.
  - Initial and sign the application in Section 5D.
3. To enroll **only** in the **FLORIDA COLLEGE INVESTMENT PLAN**:
  - Complete Sections 1, 2, 3, 4 and 6.
  - Select investment option(s) by indicating how you want to allocate your contributions in Section 6D. Your initial contribution and future contributions will be allocated based on the investment option(s) selected.
  - Attach a check or money order, **made payable to Florida College Investment Plan**, for the total amount due in Section 6A.
  - If authorizing automatic (electronic) contributions, please attach a voided check or a pre-printed deposit slip.
  - Initial and sign the application in Section 6E.
4. To enroll in **both** the **FLORIDA PREPAID COLLEGE PLAN** and the **FLORIDA COLLEGE INVESTMENT PLAN**:
  - Complete Sections 1-6.
  - Attach the required Florida residency documentation listed in Section 5B.
  - Select investment option(s) by indicating how you want to allocate your contributions to the College Investment Plan in Section 6D. Your initial contribution and future contributions will be allocated based on the investment option(s) selected.
  - Submit two separate checks or money orders. (1) **Made payable to: Florida Prepaid College Plan** for the \$50 application fee and (2) a second check **made payable to: Florida College Investment Plan** for the total amount due in Section 6A.
  - If authorizing automatic (electronic) contributions for the Florida College Investment Plan, please attach a voided check or a pre-printed deposit slip.
  - Initial and sign the application in Sections 5D and 6E.
5. If you are opening a Florida Prepaid College Plan and/or a Florida College Investment Plan on behalf of a **BUSINESS, ORGANIZATION OR TRUST**, you **MUST** submit the official title of the authorized representative and documentation substantiating the legal status of the entity opening the account:
  - For a corporation, association or partnership: Certificate of status or existence.
  - For a not-for-profit organization, including corporations and associations: IRS letter granting not-for-profit status.
  - For a trust: Trust documents establishing the trust and identifying the grantor and trustee.
  - For an estate: Certified copy of letters of administration issued by the appropriate court.
  - For an UTMA/UGMA account: Certified copy of document establishing the account.
  - For a state or local government agency: A request on the agency's letterhead to open an account.
6. If you are making a **ROLLOVER CONTRIBUTION** to the Florida College Investment Plan, you **MUST** submit the rollover contribution and the appropriate documentation (see below) showing both the principal amount and the earnings portion of the contribution:
  - Another 529 Plan: Statement issued by the distributing 529 program.
  - Coverdell Education Savings Account: Statement issued by the financial institution that acted as trustee or custodian.
  - Qualified U.S. Savings Bond: Statement or Form 1099-INT issued by the financial institution that redeemed the bond.
  - UTMA/UGMA: Certified copy of document establishing the account.

**NOTE:** Rollovers to the Florida Prepaid College Plan are **not** allowed.
7. Your application and check(s) or money order(s) will be returned to you if (1) you do not initial and sign the application; (2) you do not include the account owner's social security number or tax identification number; (3) you do not include the beneficiary's social security number or the co-purchaser's social security number if co-purchaser information has been provided; (4) you are opening a Florida College Investment Plan and do not select investment option(s) or your total allocation does not equal 100 percent; (5) you are opening a Florida College Investment Plan and select the Age Based/Years to Enrollment Investment Option, but do not provide the beneficiary's date of birth or projected college enrollment year; (6) you are opening an account on behalf of a business, organization or trust, but do not submit documentation substantiating the legal status of the entity; or (7) you are funding your Florida College Investment Plan with a rollover, but do not submit the rollover contribution and documentation showing both the principal amount and the earnings portion of the contribution. If your application is incomplete for any other reason, you will receive a correction letter requesting the missing information. If your check is returned for insufficient funds, you will be charged a \$20 insufficient funds fee.

**For more information, call 1-800-552-GRAD(4723) or visit myfloridaprepaid.com.**

**1. TYPE OF ACCOUNT**

Select the type of account you are opening:  PREPAID PLAN\*  INVESTMENT PLAN

\*If you already have a Florida Prepaid College Plan and want to add a Florida Prepaid tuition differential fee plan, Florida Prepaid local fee plan and/or Florida Prepaid dormitory plan, do not use this application. Applications are available at myfloridaprepaid.com or call 1-800-552-GRAD (4723).

**2. ACCOUNT OWNER (PURCHASER/BENEFACTOR)**

The account owner is the person or entity opening the account. The account owner must be an individual who is a citizen or resident alien of the United States and is 18 years of age or older, or an entity such as a business, organization or trust organized under the laws of the United States. Indicate whether the account owner is an individual OR a business/organization/trust by completing the appropriate part of Section 2A below.

**A. INDIVIDUAL**

Mr.  Mrs.  Ms.  Dr. Account Owner Social Security Number  
Account Owner First Name MI Last Name

**BUSINESS/ORGANIZATION/TRUST\***

Business/Organization/Trust Tax ID Number  
Name of Business/Organization/Trust  
Authorized Representative of Business/Organization/Trust  Mr.  Mrs.  Ms.  Dr.  
First Name MI Last Name

\* A business, organization or trust must submit additional documentation. Refer to the Application Instructions for the required documentation.

**B. CONTACT INFORMATION – Individual Account Owner or Authorized Representative of Business/Organization/Trust**

Mailing Address (COMPLETE STREET ADDRESS INCLUDING APARTMENT # OR P.O. BOX)  
City State Zip Code  
Home Telephone Work Telephone  
E-Mail Address

Optional: How did you hear about the program?  
1-  I AM A CUSTOMER 2-  FRIEND/FAMILY 3-  WORK 4-  SCHOOL 5-  NEWSPAPER/MAGAZINE 6-  NEWSPAPER INSERT  
7-  TV 8-  RADIO 9-  FINANCIAL ADVISOR 10-  MYFLORIDAPREPAID.COM 11-  WEB SITE 12-  OTHER

Optional: Annual Family Income  
1-  UNDER \$20,000 2-  \$20,000-\$29,999 3-  \$30,000-\$39,999 4-  \$40,000-\$49,999 5-  \$50,000-\$69,999  
6-  \$70,000-\$99,999 7-  \$100,000 AND OVER

Optional: You are opening this account for?  
1-  YOUR CHILD 2-  YOUR GRANDCHILD 3-  OTHER RELATIVE 4-  YOURSELF 5-  OTHER

OFFICE USE: Check/MO # \_\_\_\_\_ Check/MO \$ \_\_\_\_\_ Related AP \_\_\_\_\_ Other \_\_\_\_\_ Tracking # 10



**5. FLORIDA PREPAID COLLEGE PLAN**

To open a Florida Prepaid College Plan, complete Sections 5A-5D.

**A. PLANS** — To enroll in the Florida Prepaid College Plan, please complete this part of the application. Mark the prepaid plan you want to purchase and indicate your payment choice. If you enroll in a dormitory plan, select a payment choice for that plan. You can purchase the optional dormitory plan now, or later.

**PLAN OPTIONS**

May only be purchased for a child who is entering the 11th grade or below during the 2011 – 2012 school year.

<b>PREPAID PLANS</b>	<p><b>2-YEAR FLORIDA COLLEGE PLAN</b> This plan prepays the registration fees and local fees for 60 lower division semester credit hours at a Florida College (community college).</p>	<p><b>4-YEAR FLORIDA COLLEGE PLAN</b> This plan prepays the registration fees and local fees for 60 lower division semester credit hours at a Florida College (community college) and for 60 upper division semester credit hours at a Florida College (community college).</p>	<p><b>2 + 2 FLORIDA PLAN</b> This plan prepays the registration fees and local fees for 60 lower division semester credit hours at a Florida College (community college) and the registration fees, tuition differential fee and local fees for 60 semester credit hours at a State University.</p>	<p><b>4-YEAR FLORIDA UNIVERSITY PLAN</b> This plan prepays the registration fees, tuition differential fee and local fees for 120 semester credit hours at a State University.</p>
	<input type="checkbox"/> Monthly Payment Plan (Monthly until child starts college) <input type="checkbox"/> 5-Year Payment Plan (55 monthly payments) <input type="checkbox"/> Lump-Sum Payment Plan	<input type="checkbox"/> Monthly Payment Plan (Monthly until child starts college) <input type="checkbox"/> 5-Year Payment Plan (55 monthly payments) <input type="checkbox"/> Lump-Sum Payment Plan	<input type="checkbox"/> Monthly Payment Plan (Monthly until child starts college) <input type="checkbox"/> 5-Year Payment Plan (55 monthly payments) <input type="checkbox"/> Lump-Sum Payment Plan	<input type="checkbox"/> Monthly Payment Plan (Monthly until child starts college) <input type="checkbox"/> 5-Year Payment Plan (55 monthly payments) <input type="checkbox"/> Lump-Sum Payment Plan
<b>DORMITORY PLAN</b>	<p>Not available for purchase with the 4-Year Florida College Plan or the 2-Year Florida College Plan</p>		<p><b>UNIVERSITY DORMITORY PLAN</b></p> <input type="checkbox"/> 1-Year Plan (Two Semesters) <input type="checkbox"/> 2-Year Plan (Four Semesters) <input type="checkbox"/> 3-Year Plan (Six Semesters) <input type="checkbox"/> 4-Year Plan (Eight Semesters)	
<b>DORMITORY PAYMENT</b>	<p>Not available for purchase with the 4-Year Florida College Plan or the 2-Year Florida College Plan</p>		<p><b>UNIVERSITY DORMITORY PAYMENT PLAN</b></p> <input type="checkbox"/> Monthly Payment Plan (Monthly until child starts college) <input type="checkbox"/> 5-Year Payment Plan (55 monthly Payment Plan) <input type="checkbox"/> Lump-Sum Payment Plan	



**A. APPLICATION FEE AND INITIAL CONTRIBUTION** — Attach a check or money order for the following:

**1. APPLICATION FEE.**

The application fee is nonrefundable. Select **ONE** of the conditions below and enter the amount to the right:

\$    .

**\$50 STANDARD FEE:**

Enter \$50.00 if opening **only** a Florida College Investment Plan.

**OR \$30 COMBINATION APPLICATION FEE:**

Enter \$30.00 if opening **both** a Florida College Investment Plan and a Florida Prepaid College Plan.

**OR \$30 CURRENT CUSTOMER DISCOUNT:**

Enter \$30.00 if this **same** account owner already has a Florida Prepaid College Plan for this **same** beneficiary (student), and provide the account number below:

Florida Prepaid College Plan Account Number

**2. INITIAL CONTRIBUTION.** Enter an initial contribution of at least \$250.00 to the right, **OR** authorize automatic contributions of at least \$25 per month in Section 6B. (If only authorizing automatic contributions, do not enter amount in boxes to the right.)

+ \$    ,    .

**TOTAL AMOUNT DUE:** \$    ,    .

**MAKE CHECK OR MONEY ORDER PAYABLE TO:** Florida College Investment Plan

**B. AUTOMATIC CONTRIBUTIONS** — To authorize automatic (electronic) contributions from a bank account to the Florida College Investment Plan:

1. Attach a voided check or pre-printed deposit slip for the bank account from which the automatic contributions are to be withdrawn.

2. Select frequency of withdrawals (Select **ONE**):  1st of each month  15th of each month  1st and 15th of each month

3. Provide amount of withdrawal from this bank account each month: \$    ,    .    (\$25 MINIMUM EACH MONTH)

4. Select type of bank account. (Select **ONE**):  Checking Account  Savings Account

**C. ROLLOVERS\*** — Complete **only** if you are funding your Investment Plan with a rollover contribution. Mark the type of rollover below:

Another 529 Plan  U.S. Savings Bond  Coverdell Education Savings Account

**UTMA/UGMA ACCOUNT:** If you are funding your account with a transfer from an UTMA/UGMA account, mark here to acknowledge that you are the custodian and will maintain this account for the minor beneficiary pursuant to the Uniform Gifts/Transfers to Minors Act in the **State of** \_\_\_\_\_

\*Refer to the Application Instructions for the required documentation.

**D. INVESTMENT OPTION(S)** — Indicate below, in percentages, how you want to allocate your contributions. You may allocate your contributions to one or any combination of the investment options below. Refer to the Disclosure Statement for more information.

**SELECT YOUR INVESTMENT OPTION(S)**

- Fixed Income Investment Option
- U.S. Equity Investment Option
- Balanced Investment Option
- Age Based/Years To Enrollment Investment Option
- Money Market Investment Option

**ALLOCATION**

%  
   %  
   %  
   %  
   %

**100 % (ALLOCATION MUST TOTAL 100%)**

**E. ACCOUNT OWNER AUTHORIZATION AND SIGNATURE**

By signing and initialing below, I certify that (1) all the information provided on this application and on the documentation furnished to the Florida Prepaid College Board with this application is true, complete and correct; (2) I am a citizen or resident alien of the United States, and I am at least 18 years old; (3) if I am signing on behalf of, a business, organization or trust organized under the laws of the United States, I am authorized to make these certifications and representations, and to sign this application on behalf of such business, organization or trust; and (4) the survivor and the beneficiary are citizens or resident aliens of the United States. I further certify, acknowledge and represent as follows:

- I have read and understand the Florida College Investment Plan Disclosure Statement and Participation Agreement, and consent to the policies, terms and conditions of the Florida College Investment Plan and the Participation Agreement. I understand that the Participation Agreement, which is incorporated into this application by reference, as it relates to enrollment in the Florida College Investment Plan, constitutes a legally binding agreement between me and the Florida Prepaid College Board. I understand that the policies, terms and conditions of the Florida College Investment Plan and the Participation Agreement may be amended from time to time without prior notice, and I understand and agree that I will be subject to those amendments. **INITIALS:** \_\_\_\_\_
- I understand that enrolling in the Florida College Investment Plan and investing my funds in the investment options involves a high degree of risk, account values may fluctuate and there is no guarantee. I understand that I could lose all funds, including any earnings on those funds, deposited in the account, and investments in the Florida College Investment Plan are not deposits or obligations of, or insured or guaranteed, by the State of Florida, the United States government, the Florida Prepaid College Board, the Federal Deposit Insurance Corporation, or any other governmental agency or financial institution. **INITIALS:** \_\_\_\_\_
- I understand that the survivor's agreement will be required for all changes of account owner, survivor and beneficiary, requests for voluntary termination of accounts, and refund requests associated with involuntarily terminated accounts. **INITIALS:** \_\_\_\_\_

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

Date

Return your application, check or money order, and any required documentation to: Florida Prepaid College Board, P.O. Box 6448, Tallahassee, FL 32314-6448