

Changing the current account owner on a Florida Prepaid College Plan requires the account owner's notarized signature. The survivor's notarized signature is also required for plans purchased on or after February 1, 2009 that include coverage for Registration Fees, along with any associated supplemental plan(s). For more information, see the Master Contract at www.myfloridaprepaid.com.

Please remember:

- All signatures must be original and notarized. Faxed or copied 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.

Sincerely,

Florida Prepaid College Plan
Customer Service



Florida Prepaid College Plan Change of Account Owner Form

Customer Information:

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

() - -
Daytime Telephone Number

Plan Number

Name of Beneficiary (Student)

NEW ACCOUNT OWNER'S NAME: _____ SSN#: _____ - _____ - _____

New Account Owner's Signature: _____ Date: _____

Street _____ City _____ State _____ Zip _____

Home Phone #: () - _____ Work Phone #: () - _____

E-Mail Address: _____

I (We) acknowledge by executing this form that the current account owner relinquishes all rights and responsibilities, and I (we) authorize the Florida Prepaid College Board to change the account owner for the above-referenced plan(s). The current survivor designation for the above-referenced plan(s) is unaffected by this form; if a survivor change is also needed, a separate request is required. A Change of Survivor Form can be obtained at www.myfloridaprepaid.com/forms.

CURRENT 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

CURRENT SURVIVOR

X _____
SURVIVOR'S SIGNATURE-REQUIRED for plans purchased on or after February 1, 2009 that include coverage for Registration Fees, along with any associated supplemental plan(s).

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