

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

The new beneficiary must be a member of the family of the original beneficiary, as defined by s.529 of the Internal Revenue Code and a resident of Florida. The new beneficiary may only have one active Florida Prepaid College Plan contract.

The new beneficiary also must be a resident of the state of Florida. **If the proposed beneficiary is over 18 years of age they must provide their own proof of residency; parental proof of residency will not suffice.**

Please enclose **one of the following documents** to demonstrate that the new beneficiary is a resident of Florida:

- A report card showing that the minor child was enrolled in a Florida school, at this same time, last year; **or** a Florida birth certificate if the new beneficiary is **less than one year old**.
- Residency documentation for the *minor child's parent*, such as: a copy of the parent's Florida driver's license, vehicle registration, voter's registration or homestead exempt certificate, issued at least one year ago.
- Residency documentation for the new beneficiary, if older than 18 years of age, such as: a copy of his/her Florida driver's license, vehicle registration, voter's registration or homestead exempt certificate, issued at least one year ago.

You *may* be required to make a supplemental payment if the projected matriculation date of the substituted beneficiary is more than three years before the projected matriculation date of the original beneficiary. If required, you will be notified prior to the request being processed. Confirmation of the change will be sent to the account owner once the change has been completed.

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 2*.

Sincerely,

Florida Prepaid College Plan
Customer Service



Florida Prepaid College Plan Change of Beneficiary Form

Customer Information:

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

(____) _____ - _____
Daytime Telephone Number

Plan Number

Name of Current Beneficiary (Student)

New Beneficiary Information

Name: (Last/First/Middle) _____

SSN: _____ - _____ - _____

Address: _____

City, State, Zip: _____

Phone Number: (optional) (____) _____ - _____

E-Mail Address: (optional) _____

Birth Date: ____ / ____ / ____
(Month/Day/Year)

Current Grade: (If applicable) _____

Gender: **M** **F**

Please mark how the new beneficiary is related to the current beneficiary.

- son or daughter or a descendant of either
- brother, sister stepbrother or stepsister
- father, mother, or an ancestor of either
- brother or sister of the father or mother
- stepson or stepdaughter
- son or daughter of a brother or sister
- son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law
- the spouse of any of the foregoing individuals, including the current beneficiary
- stepfather or stepmother
- a first cousin

Enclose proof that the new beneficiary is a resident of Florida.

I (We) authorize the Florida Prepaid College Board to change the beneficiary of the above-referenced plan and certify that the new beneficiary listed above is a member of the family of the original beneficiary and a resident of Florida.

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

Type of Identification: _____

State of: _____

X _____

SIGNATURE OF NOTARY – REQUIRED

Notary Stamp

SURVIVOR

X _____

SURVIVOR'S SIGNATURE-REQUIRED – For plans purchased on or after February 1, 2009, that include coverage for Registration Fees, and 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 is (select one): Personally known, OR Produced identification

Type of Identification: _____

State of: _____

X _____

SIGNATURE OF NOTARY – REQUIRED

Notary Stamp