

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, along with any associated supplemental plan(s), the survivor's notarized signature. For more information, see the Master Contract 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 he/she must provide his/her 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.

Contract prices are established based on the projected enrollment year of the original beneficiary as indicated on your application. The benefits of a contract are valid for a ten-year period. **When choosing a new beneficiary, please be aware that the projected Matriculation Year of the new beneficiary must fall within the benefit period of the original beneficiary of the plan.**

An extension of benefits may be requested one year before expiration; however, the Florida Prepaid College Board does not guarantee approval of an extension request. Factors the Florida Prepaid College Board considers include, but are not limited to, time spent by a beneficiary as an active duty member of the U.S. Armed Services, prior extensions, recent plan usage, and medical hardships.

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 (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 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