



# Florida Prepaid College Plan Address Change Form

Plan Number: \_\_\_\_\_

Account Owner Name: \_\_\_\_\_

Use this form to update the address for anyone listed on your Florida Prepaid College Plan. Forms which are not signed will not be updated. This form may be mailed to the address below or sent by FAX to 850-309-1766. This form is only for address updates. If a change of account owner, survivor, or beneficiary is needed, please find the appropriate forms at [www.myfloridaprepaid.com/forms](http://www.myfloridaprepaid.com/forms).

**ACCOUNT OWNER:** \_\_\_\_\_

Street Address

Apartment/Suite Number

City State ZIP Code

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Primary Phone Number

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Secondary Phone Number

E-mail Address

**SURVIVOR:**  Please check this box if the survivor's address is the same as the account owner's.

Street Address

Apartment/Suite Number

City State ZIP Code

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Primary Phone Number (if different than account owner's)

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Secondary Phone Number (if different than account owner's)

E-mail Address (if different than account owner's)

**BENEFICIARY:**  Please check this box if the beneficiary's address is the same as the account owner's.

Street Address

Apartment/Suite Number

City State ZIP Code

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Primary Phone Number (if different than account owner's)

E-mail Address (if different than account owner's)

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

X \_\_\_\_\_  
ACCOUNT OWNER SIGNATURE- REQUIRED

\_\_\_\_\_  
DATE

Mail completed, signed forms to: Florida Prepaid College Plan, PO Box 6567, Tallahassee, FL 32314-6567