

Changing or removing the survivor on a Florida Prepaid College Plan requires the account owner's notarized signature. The current survivor's notarized signature also is required for plans purchased on or after February 1, 2009 that include coverage for Registration Fees, along with any associated supplemental plan(s). An account owner may only list one survivor. Any person designated to be the new survivor must be 18 years of age or older and a citizen or resident alien of the United States. For more information, see the Master Contract at [www.myfloridaprepaid.com](http://www.myfloridaprepaid.com).

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, please call us at 1-800-552-GRAD (4723) and *press prompt 2*.

Sincerely,

Florida Prepaid College Plan  
Customer Service

**Customer Information:**

\_\_\_\_\_  
Name of Account Owner or Authorized Representative  
Of Business/Organization/Trust

(\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_  
Daytime Telephone Number

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

\_\_\_\_\_  
Name of Beneficiary (Student)

Return the completed and notarized form to: Florida Prepaid College Board, PO Box 6567, Tallahassee, FL 32314-6567.

Please select one of the following options:

Remove the current survivor on the account.

Change the current survivor to the individual below.

**NEW SURVIVOR INFORMATION**

Legal Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

I (We) authorize the Florida Prepaid College Board to change or remove the survivor on the above-referenced plan(s). In addition, I (we) understand that, for plans purchased on or after February 1, 2009 that include coverage for Registration Fees, along with any associated supplemental plan(s), the new survivor's notarized signature also will be required for all future changes of account owner, survivor, and beneficiary, requests for voluntary termination of the plan(s), and refund requests associated with any involuntarily terminated plan(s).

**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 \_\_\_\_\_

CURRENT 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