

Changing 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, and any associated supplemental plan(s). For more information, see the Master Covenant at [www.myfloridaprepaid.com](http://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.

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



# Florida Prepaid College Plan Change of Survivor Form

### 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  
P.O. Box 6567  
Tallahassee, FL 32314-6567

NEW SURVIVOR'S NAME: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

\_\_\_\_\_  
E-Mail

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

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

I (We) authorize the Florida Prepaid College Board to change 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, and 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 the involuntarily terminated plan(s).

### ACCOUNT OWNER

### CURRENT SURVIVOR

X \_\_\_\_\_

X \_\_\_\_\_

ACCOUNT OWNER'S SIGNATURE – REQUIRED

CURRENT 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 \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me

The foregoing instrument was acknowledged before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_  
(PRINT ACCOUNT OWNER'S NAME)

by \_\_\_\_\_  
(PRINT SURVIVOR'S NAME)

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

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

Type of Identification: \_\_\_\_\_

Type of Identification: \_\_\_\_\_

State of: \_\_\_\_\_

State of: \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

SIGNATURE OF NOTARY – REQUIRED

SIGNATURE OF NOTARY – REQUIRED

Notary Stamp

Notary Stamp