

To change the survivor due to the death of the current survivor on a Florida Prepaid College Plan that includes coverage for Registration Fees, along with any associated supplemental plan(s), purchased on or after February 1, 2009, please follow the instructions below. We offer our condolences.

The **account owner** must provide: a) a copy of the current survivor's death certificate
b) the completed form on the next page.

The account owner may designate a new 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**.

Please remember:

- The account owner's signature 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.

Please mail the completed form and the documents listed above to: **Florida Prepaid College Board
PO Box 6567
Tallahassee, FL 32314-6567**

Once all this information is received, we will update the plan and provide the account owner with documents reflecting the change in survivor.

In addition, if the deceased current survivor had a Group Life Insurance Plan for his/her prepaid plan, contact Student Insurance Services at 1-800-552-GRAD (4723) and *press prompt 4* for instructions on filing a claim.

If you have any questions or need assistance, please call us at 1-800-552-GRAD (4723) and *press prompt 2*.

Sincerely,

Florida Prepaid College Plan
Customer Service

Customer Information:

Name of Current Survivor
 (____) _____ - _____
Daytime Telephone Number

Plan Number

Name of Beneficiary (Student)

NEW SURVIVOR

Name: _____
 (Last/First/Middle)
 SSN: _____ - _____ - _____
 Address: _____

 City: _____
 State: _____
 Zip Code: _____
 E-Mail: _____
 Home Phone: (____) _____ - _____
 Work Phone: (____) _____ - _____
 Survivor signature: **X** _____

I do not wish to name a new survivor at this time.
 If you select this option, you are still required to have this form notarized and to provide a death certificate to have the current survivor removed. Future plan changes cannot be processed until the current survivor has been removed or changed.

I authorize the Florida Prepaid College Board to change the survivor on the above-referenced plan(s).

I 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 survivor's notarized signature also will be required for all future changes of account owner, survivor, or beneficiary, requests for voluntary termination of the plan(s), and requests for refunds associated with the involuntary termination of the plan(s).

CURRENT 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