

Cancellation of a Florida Prepaid College Plan due to the death or total disability of the beneficiary requires the account owner's notarized signature. The 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)**.

In addition, please also submit either:

- Death of Beneficiary – A copy of the beneficiary's death certificate.
- Total Disability of Beneficiary – A signed letter from a licensed medical doctor that states the beneficiary's condition and confirms that the disability will prohibit the beneficiary from attending college.

The alternative to cancellation is the transfer of the Prepaid Plan account to an eligible family member, including but not limited to brother, sister or first cousin of the beneficiary, or grandchild of the account owner. A change of beneficiary form may be downloaded from our website **[www.myfloridaprepaid.com/Forms](http://www.myfloridaprepaid.com/Forms)**.

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

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.

Our thoughts are with you and your family.

Sincerely,

Florida Prepaid College Plan  
Customer Service



# Florida Prepaid College Plan Death-Disability Cancellation Form

### Customer Information:

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

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

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

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

**Please use this form to cancel a Florida Prepaid College Plan due to death or total disability of the beneficiary.**

In order to cancel the plan, the appropriate documentation must be received with the completed, notarized form.

- Death of Beneficiary – Attach a copy of the beneficiary’s death certificate.
- Total Disability of Beneficiary – Attach a signed letter from a licensed medical doctor that states the beneficiary’s condition and confirms that the disability will prohibit the beneficiary from attending college.

**I (We) have been advised of the alternative to cancellation and authorize the Florida Prepaid College Board to cancel the above referenced 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 is (select one): \_\_\_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, and any associated supplemental plan(s).

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

The foregoing instrument was acknowledged before me

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

by \_\_\_\_\_  
**(PRINT SURVIVOR NAME)**

who is (select one): \_\_\_Personally known, OR \_\_\_Produced identification

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

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

X \_\_\_\_\_

**SIGNATURE OF NOTARY – REQUIRED**

Notary Stamp

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