

Please use this Death of Account Owner Change Form if the following circumstances apply:

- The account was established after October 1, 2013 or the account owner opted into right of survivorship for the beneficiary.
- There is no survivor currently listed on the account.
- The beneficiary is under 18 years of age and therefore cannot legally act as the account owner.
- You are the parent or legal guardian of the beneficiary and can act in a custodial capacity on the beneficiary's behalf.

The parent or legal guardian of the beneficiary must act as the account owner in a custodial capacity until the beneficiary turns 18, at which time he/she may exercise a right of survivorship. At this time, however, the parent or legal guardian must complete and sign this form in the space provided and have the signature properly notarized. The completed form must be mailed along with a certified copy of the current account owner's death certificate.

The rights of an account owner acting in a custodial capacity are limited. While the parent or legal guardian is acting as a custodial account owner, he/she may not:

- a) change the account owner without providing acceptable documentation indicating the authority to do so;
- b) change the beneficiary on the account;
- c) designate a survivor;
- d) voluntarily terminate or request a refund from the account;
- e) make plan or payment changes to the account.

For more information on the rights and limitations of account owners acting in a custodial capacity, see the Master Contract at www.myfloridaprepaid.com.

Please remember:

- A certified copy of the deceased account owner's death certificate must be provided.
- The parent or legal guardian'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.
- The notary must print the name of the parent or legal guardian in the appropriate section of the form.

Please mail the completed form and the requested documentation to:

**Florida Prepaid College Board
PO Box 6567
Tallahassee, FL 32314-6567**

Once the required information is received, we will update the plan and provide documents reflecting the change in account owner.

In addition, if the deceased current account owner 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



Florida Prepaid College Plan Death of Account Owner Change Form Custodial Account Owner

Customer Information:

Name of Current Account Owner or Authorized Representative
of Business/Organization/Trust

(_____) _____ - _____
Daytime Telephone Number

Plan Number

PARENT/LEGAL GUARDIAN INFORMATION

Name of Beneficiary (Student)

Salutation: ____ Mr. ____ Mrs. ____ Ms. ____ Dr.

Legal Name: _____
(Last/First/Middle)

SSN: _____ - _____ - _____

Address: _____

City, State, Zip Code: _____

E-Mail: _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Signature: **X** _____

PARENT OR LEGAL GUARDIAN ATTESTATION AND AUTHORIZATION

I attest and affirm that I am the parent or legal guardian of the beneficiary listed above. I authorize the Florida Prepaid College Board to change the account owner on the above-referenced plan due to the death of the current account owner. I understand that I will act as the account owner for the above-referenced plan in a limited custodial capacity until the beneficiary turns 18, at which time the beneficiary can exercise a right of survivorship and become the account owner for this plan.

X _____
SIGNATURE OF PARENT/LEGAL GUARDIAN – REQUIRED

State of _____, County of _____

The foregoing instrument was acknowledged before me

This _____ day of _____, 20____

by _____
(PRINT NAME OF PARENT/LEGAL GUARDIAN)

who (select one): ____ is personally known, OR ____ produced identification

Type of Identification: _____

State of: _____

X _____
SIGNATURE OF NOTARY – REQUIRED

Notary Stamp

CUSTODIAL LIMITATIONS APPLY