

To change the account owner due to the death of the current account owner on a Florida Prepaid College Plan with no survivor listed, the Personal Representative/Executor/Administrator of the deceased current account owner's estate must sign the form in the space provided and have the signature properly notarized. The completed form must be mailed along with copies of the following documents:

- The current account owner's death certificate;
- Certified Letters of Administration, issued by a court and signed by a judge, naming the Personal Representative/Executor/Administrator of the deceased current account owner's estate. Letters of Administration must reflect a certification date that is not more than 90 days prior to the date on which they are submitted to the Florida Prepaid College Board;
- If an Order of Summary Administration has been entered, a certified copy of such Order must also be submitted to the Florida Prepaid College Board with a certification date that is not more than 90 days prior to the date on which it is submitted to the Florida Prepaid College Board.

As there is no current survivor listed on the plan, the **new account owner** and the **new survivor** (if a new survivor is designated) must complete and sign the form. You may designate yourself or another person as the new account owner or the new survivor. Any person designated to be the new account owner or 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).

The Florida Prepaid College Plan cannot appoint anyone as the new account owner without a certified copy of the Letters of Administration issued by a court appointing the Personal Representative/Executor/Administrator of the current account owner's estate. The certification date must not be more than 90 days prior to the date on which they are submitted to the Florida Prepaid College Board. If there is more than one Personal Representative/Executor/Administrator, each of those persons must sign the form and have their signatures properly notarized.

Please remember:

- The personal representative'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 personal representative in the appropriate section of 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 the required information is received, we will update the plan and provide the new account owner with 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

### Customer Information:

\_\_\_\_\_  
 Name of Current Account Owner  
 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Daytime Telephone Number  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Plan Number  
 \_\_\_\_\_  
 Name of Beneficiary (Student)

### NEW ACCOUNT OWNER

### NEW SURVIVOR

Name: (Last/First/Middle) \_\_\_\_\_  
 SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Signature: **X** \_\_\_\_\_

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**X** \_\_\_\_\_

### I authorize the Florida Prepaid College Plan to change the account owner 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 new survivor's notarized signature also will be required for the following: changes of account owner, survivor, or beneficiary; requests for voluntary termination of the plan(s); and requests for refunds associated with involuntarily terminated plans.

### PERSONAL REPRESENTATIVE

**X** \_\_\_\_\_  
 SIGNATURE OF PERSONAL REPRESENTATIVE – REQUIRED  
 State of \_\_\_\_\_, County of \_\_\_\_\_  
 The foregoing instrument was acknowledged before me  
 This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_  
 (PRINT NAME OF PERSONAL REPRESENTATIVE)  
 who (select one): \_\_\_ is personally known, OR \_\_\_ produced identification  
 Type of Identification: \_\_\_\_\_  
 State of: \_\_\_\_\_

**X** \_\_\_\_\_  
 SIGNATURE OF NOTARY – REQUIRED

Notary Stamp