FLORIDA PREPAID COLLEGE PLANS

Florida Prepaid College Plan
Expiring Benefits Form

Customer Information:

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

(___ ___ ___) - ___ ___ ___ - ___ ___ ___ ___
Daytime Telephone Number

___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Plan Number

_____
Name of Beneficiary (Student)

Please select one (1) of the following options, and return the completed form within one (1) year. If you do not respond within one (1) year, the above-referenced plan will be permanently closed, and you will automatically forfeit all benefits and funds.

A. OPTIONS. Please select only **ONE** option below.

To extend the benefits or change the beneficiary on your plan, please select the appropriate option and sign below.

1. ☐ **EXTEND PLAN BENEFITS** — I authorize the Florida Prepaid College Board to extend the benefit period for the above-referenced plan an additional ten (10) years from the original matriculation (college enrollment) date.

_____ _____
ACCOUNT OWNER SIGNATURE – REQUIRED **DATE**

2. ☐ **CHANGE BENEFICIARY** — I would like to change the beneficiary on the above-referenced plan. Please mail me a Change of Beneficiary Form. ***Please note: The new beneficiary must be a member of the family of the original beneficiary and a resident of Florida.*** You may also download a Change of Beneficiary Form at **www.myfloridaprepaid.com/Forms.**

_____ _____
ACCOUNT OWNER SIGNATURE – REQUIRED **DATE**

To request a refund or donate your refund to the Foundation, please select the appropriate option below and proceed to Section B.

3. ☐ **REQUEST A REFUND** — I authorize the Florida Prepaid College Board to cancel the above-referenced plan. ***Please note: To cancel the plan, the account owner's signature must be notarized below.*** A refund will be issued within 45 days from the date this completed form is received in our office.

4. ☐ **DONATE YOUR REFUND** — I authorize the Florida Prepaid College Board to cancel the plan and transfer the refund amount to the Florida Prepaid College Foundation. ***Please note: To transfer the refund to the Foundation, the account owner's signature must be notarized below.*** Upon receipt of this completed form, a confirmation letter will be mailed to you, reflecting the value of your tax-deductible contribution for federal income tax reporting purposes.

B. NOTARIZATION. If you selected option 3 or 4 in Section A, please complete this section also.

I authorize the Florida Prepaid College Plan to cancel the above-referenced plan:_____
(ACCOUNT OWNER SIGNATURE – REQUIRED)

ALL SECTIONS OF THE NOTARIZATION BELOW MUST BE COMPLETED BY A NOTARY AND LEGIBLE.

Notary Seal

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:_____

_____
(SIGNATURE OF NOTARY PUBLIC)

_____, State of _____

Return this ***original*** form to: Florida Prepaid College Plan, P.O. Box 6567, Tallahassee, FL 32314-6567