

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.

You may request an extension of the current benefit period in writing; however, the Florida Prepaid College Board does not guarantee approval of an extension request. Factors the Florida Prepaid College Board considers include, but are not limited to, time spent by a beneficiary as an active duty member of the U.S. Armed Services, prior extensions, recent plan usage, and medical hardships. You may FAX your request to 850-309-1766 or mail it to the address at the bottom of the page.

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

1. _____ **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.
2. _____ **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.

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 (select one):

___ is personally known, OR

___ produced identification

Type of identification: _____

_____, State of _____

(SIGNATURE OF NOTARY PUBLIC)

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