

This form may be used for plans that were purchased prior to February 1, 2009 that include coverage for Registration Fees, along with any associated supplemental plan(s). For more information, see the Master Contract at www.myfloridaprepaid.com.

Currently, the account owner alone may: change the account owner, survivor, or beneficiary; request voluntary termination of the plan(s); and request refunds associated with the involuntary termination of the plan(s). Any survivor designated for the account becomes the account owner upon the account owner's death.

By completing the attached form, signing it, having the survivor sign it, and having both signatures notarized, any of the above-referenced changes will require the approval of both the account owner and the survivor. This contract change will also allow the account owner alone to make such changes if the survivor dies, or the survivor alone to make such changes if the account owner dies.

If you and the survivor decide to make this revision to the contract, this revision cannot be changed later.

Please remember:

- All signatures 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.
- 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.

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

Sincerely,

Florida Prepaid College Plan
Customer Service



Florida Prepaid College Plan Joint Approval – Opt-In Form

Customer Information:

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

(____) - ____ - ____
Daytime Telephone Number

Plan Number

Name of Beneficiary (Student)

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

We authorize the Florida Prepaid College Board to change the above-referenced plan purchased prior to February 1, 2009 that includes coverage for Registration Fees, along with any associated supplemental plan(s), so that any future requests for changes of the account owner, survivor, or beneficiary, requests for voluntary termination of the plan(s), and requests for refunds associated with the involuntary termination of the plan(s) will require the approval of both the account owner and the survivor. This contract change will also allow the account owner alone to make such changes if the survivor dies, or the survivor alone to make such changes if the account owner dies.

We understand and agree that our election to be subject to these requirements is permanent and irrevocable.

ACCOUNT OWNER

X _____
SIGNATURE OF ACCOUNT OWNER – REQUIRED

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: _____

SURVIVOR

X _____
SIGNATURE OF SURVIVOR – REQUIRED

State of _____, County of _____

The foregoing instrument was acknowledged before me

This _____ day of _____, 20____

by _____
(PRINT SURVIVOR'S NAME)

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

Type of Identification: _____

State of: _____

X _____
SIGNATURE OF NOTARY – REQUIRED

Notary Stamp

X _____
SIGNATURE OF NOTARY – REQUIRED

Notary Stamp