FLORIDA PREPAID COLLEGE BOARD

Florida Prepaid College Plan
Legal Name Change Form

Customer Information:

_____

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

(_____) - _____ - _____

Daytime Telephone Number

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Plan Number

_____

Name of Beneficiary (Student)

Following is information about the Florida Prepaid College Plan's policy for legal name changes. You may use this form to change the **name only** of an account owner, survivor, or beneficiary. Forms to change the current account owner, survivor, or beneficiary designation and other account change forms can be downloaded from **www.myfloridaprepaid.com/forms.**

- You must complete, sign, and date the form below.
- Attach a copy of the finalized legal documentation, such as a marriage certificate, divorce decree, or adoption papers, confirming the entire process by which your name changed. *Please note: a Driver's License and/or Social Security card will not be accepted as sufficient legal documentation.*
- Return this form and the required documentation described above to: **Florida Prepaid College Plan, PO Box 6567, Tallahassee, FL 32314-6567** or FAX to 850-309-1766.

Please check the individual whose name is to be changed:

___Account Owner ___Survivor ___Beneficiary

COMPLETE BOTH SECTIONS BELOW if changing the name of the account owner, survivor, or beneficiary, including the required signature. Name changes for beneficiaries under the age of 18 require the signature of the account owner.

Name as it currently appears in our records (please print):

_____

First Middle

_____

Last

_____

SIGNATURE – REQUIRED

Please sign your name as it currently appears in our records.

_____

DATE

Name as it appears after legal change (please print):

_____

First Middle

_____

Last

_____

SIGNATURE – REQUIRED

Please sign your name as it appears in the legal documentation you provided.

_____

DATE