



# Florida Prepaid College Plan Add Survivor Form

**Customer Information:**

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

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Plan Number

\_\_\_\_\_  
Name of Beneficiary (Student)

The account owner may use this form to add a survivor to a plan for which no survivor is currently listed; only one survivor may be listed. For more information, see the Master Covenant at [www.myfloridaprepaid.com](http://www.myfloridaprepaid.com).

**Please complete and sign the section below, and return this form to the address provided or FAX it to (850) 309-1766.**

**Florida Prepaid College Board  
P.O. Box 6567  
Tallahassee, FL 32314-6567**

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

**SURVIVOR'S NAME:** \_\_\_\_\_ **SSN#:** \_ \_ \_ - \_ \_ - \_ \_ \_ \_ \_

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
E-mail

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

I understand that, for plans purchased on or after February 1, 2009, that include coverage for Registration Fees, and any associated supplemental plan(s), the new survivor's notarized signature also will be required for all future changes of account owner, survivor, and beneficiary, requests for voluntary termination of the plan(s), and refund requests associated with the involuntarily terminated plans.

\_\_\_\_\_  
**ACCOUNT OWNER'S SIGNATURE-REQUIRED**

\_\_\_\_\_  
**DATE**