

This form may be used to release a refund that has been placed on hold. **This form may not be used to cancel an account.** If you would like to cancel your account, please download a Cancellation Form, found at www.myfloridaprepaid.com/forms.

A request for a refund that has been placed on hold requires the account owner's notarized signature. The survivor's notarized signature is also required for plans purchased on or after February 1, 2009, that include coverage for Registration Fees, and any associated supplemental plan(s). For more information, see the Master Covenant at www.myfloridaprepaid.com.

The refund will be mailed to the address on file. If an update is required, a Change of Address Form may be downloaded from www.myfloridaprepaid.com/Forms. The Account Owner's signature is required to change the address on an account. In order for the address update to be made with the refund release, the Change of Address form must accompany this notarized form.

Refunds are made payable only to the account owner and are usually mailed within 45 days. An incomplete or incorrectly completed form may delay the refund release process.

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.
- The notary must print the names of the account owner and survivor (if applicable) in the appropriate section.
- 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 or concerns, please call 1-800-552-GRAD (4723) and *press prompt 2*.



Florida Prepaid College Plan Refund Release Request Form

Customer Information:

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

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Daytime Telephone Number

Plan Number

Name of Beneficiary (Student)

Please return the completed and notarized form to: Florida Prepaid College Board, P.O. Box 6567, Tallahassee, FL 32314-6567

I (We) authorize the Florida Prepaid College Board to release the refund for the above referenced plan(s):

ACCOUNT OWNER

X _____
ACCOUNT OWNER'S SIGNATURE – REQUIRED

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: _____

State of: _____

X _____
SIGNATURE OF NOTARY – REQUIRED

Notary Stamp

SURVIVOR

X _____
SURVIVOR'S SIGNATURE-REQUIRED – For plans purchased on or after February 1, 2009, that include coverage for Registration Fees, and any associated supplemental plan(s).

State of _____, County of _____

The foregoing instrument was acknowledged before me

This _____ day of _____, 20__

by _____
(PRINT SURVIVOR'S NAME)

who is (select one): ___Personally known, OR ___Produced identification

Type of Identification: _____

State of: _____

X _____
SIGNATURE OF NOTARY – REQUIRED

Notary Stamp