

This form may be used for plans that were established prior to October 1, 2013, with or without a current survivor, to grant a right of survivorship to the beneficiary. Plans established after October 1, 2013 are automatically granted this right.

You may use the form below to opt into the right of survivorship for the beneficiary. The form must be signed by you and, for accounts purchased on or after February 1, 2009, the current survivor (if any), and both signatures must be notarized. Once the form is received, the beneficiary will receive a right of survivorship in the event of the account owner's death if no survivor is designated on the plan or if a designated survivor predeceases the account owner.

If the beneficiary is a minor at the time of the account owner's death, the exercise of the beneficiary's right of survivorship will require the parent or legal guardian of the beneficiary to be a custodial account owner until such time as the beneficiary attains the age of majority. For more information on the rights and limitations of account owners acting in a custodial capacity, please see the Master Contract at [www.myfloridaprepaid.com](http://www.myfloridaprepaid.com).

This revision to the contract is permanent and irrevocable.

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 Beneficiary Right of Survivorship – 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.**

I/we authorize the Florida Prepaid College Board to revise the above-referenced plan so that the beneficiary will receive a right of survivorship under certain proscribed circumstances. If the beneficiary is a minor at the time of the account owner's death, I/we understand that the exercise of the beneficiary's right of survivorship will require the parent or legal guardian of the beneficiary to be a custodial account owner until such time as the beneficiary attains the age of majority. I/we understand and agree that the 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: \_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE OF NOTARY – REQUIRED

Notary Stamp

### CURRENT SURVIVOR

X \_\_\_\_\_  
SIGNATURE OF CURRENT SURVIVOR – REQUIRED for Plans  
established on or after February 1, 2009 that include coverage for  
Registration Fees, along with any associated supplemental plans.

State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_  
(PRINT CURRENT SURVIVOR'S NAME)

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

Type of Identification: \_\_\_\_\_

State of: \_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE OF NOTARY – REQUIRED

Notary Stamp