

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

If your name appears on the list of unclaimed refunds published by the Florida Prepaid College Plan, you may be eligible for a refund. To file a claim, the account owner must:

1. Complete this Unclaimed Refund Form. The account owner must sign the form and the signature must be notarized by a notary.
2. Attach a copy of your current driver's license or other form of picture identification verifying your full name and current address.
3. Attach a copy of ONE document verifying ownership of the plan. Acceptable documents include a Participation and Payment Schedule, one cancelled check made payable to the Florida Prepaid College Plan for the plan, or other plan-specific correspondence issued by the Florida Prepaid College Plan.
4. Return the completed Unclaimed Refund Form and all required documentation described above to: Florida Prepaid College Plan, PO Box 6567, Tallahassee, FL 32314-6567.

If the account owner is deceased, additional documentation will be required. Call 1-800-552-GRAD (4723) and press prompt 2 for assistance.

Refunds will be issued on valid claims within 90 days from receipt of this Unclaimed Refund Form and all required documentation. Failure to complete this form properly or to provide the required documentation will result in the delay and possible denial of the claim. If the claim is incomplete or denied, you will be notified. The account owner has one year from the date of publication of the unclaimed refund to submit a claim. After one year, the plan will be permanently closed and the account owner will automatically forfeit the refund.

**ACCOUNT OWNER'S NAME:** \_\_\_\_\_  
First Name Middle Initial Last Name

**ACCOUNT OWNER'S SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**HOME TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **WORK TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**BENEFICIARY'S NAME:** \_\_\_\_\_  
First Name Middle Initial Last Name

**CLAIMANT AFFIRMATION**

The undersigned account owner swears or affirms under penalty of perjury: I have read this claim and know the contents thereof; that the same is true and correct to the best of my knowledge and belief; that all supporting documentation is valid and unaltered; that the address above is my current address; that this claim is just and unpaid; and that I am the owner of this plan and authorized to file this claim. I authorize the Florida Prepaid College Plan to provide my name and address, as payee of the claimed property, to any claimant who may later come forward with the substantiated proof to claim the property of this claim.

\_\_\_\_\_  
 Account Owner Signature

ALL SECTIONS OF THE NOTARIZATION BELOW MUST BE COMPLETED BY A NOTARY AND LEGIBLE.



State of \_\_\_\_\_, County of \_\_\_\_\_  
 The foregoing instrument was acknowledged before me  
 this \_\_\_\_\_ day of \_\_\_\_\_,  
 by \_\_\_\_\_  
 (Print Account Owner's Name)  
 who (select one):  
 \_\_\_ is personally known, OR  
 \_\_\_ produced identification  
 Type of Identification: \_\_\_\_\_  
 \_\_\_\_\_, State of \_\_\_\_\_

\_\_\_\_\_  
 (SIGNATURE OF NOTARY PUBLIC)