

# Florida College Investment Plan Allocation Change Form



**Customer Information:**

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

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

\_\_\_\_\_  
Account Number

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

You may use this form to change the allocation of new contributions. You can change the allocation of your contributions again at any time by completing another Allocation Change Form. The account owner must sign this form. To transfer money already invested from one investment option to another, use the Allocation Transfer Form. Refer to the Disclosure Statement and consult your tax advisor for more information. Return this form to **Florida Prepaid College Board, P.O. Box 6567, Tallahassee, FL 32314-6567.**

This allocation change will be effective 5-7 days after receiving a complete request. For information or assistance, please call 1-800-552-GRAD (4723) and *press prompt 3.*

**CONTRIBUTIONS**

Please indicate whether you wish to change your allocations for a single contribution, all future contributions, or both.

\_\_\_\_\_ Enclosed Contribution: \$ \_\_\_\_\_      \_\_\_\_\_ Future Contributions

**NEW ALLOCATION**

Please indicate below, in percentages, how you want to allocate your contribution(s). You can change the allocation of future contributions at any time by completing another Allocation Change Form. You may allocate your contributions to one or any combination of the investment options. If your total allocation does not equal 100 percent, your form will be returned to you.

Fixed Income Investment Option	_____ %
U.S. Equity Investment Option	_____ %
Balanced Investment Option	_____ %
*Age Based/Years to Enrollment Investment Option	_____ %
Money Market Investment Option	_____ %
<b>1 0 0 %</b>	

\*If your new allocations include the Age Based/Years to Enrollment Option, please provide the beneficiary's date of birth. If over 18 years old, please provide the projected college enrollment year:

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      PEY: \_\_\_\_\_

**TRANSFER (optional)**

**Federal law allows transfers of money already invested twice per calendar year or with a change of beneficiary for the 2009 calendar year. After two transfers you will not be allowed to transfer funds in your account again until January 1.** Refer to the Disclosure Statement and consult your tax advisor for more information.

\_\_\_\_\_ Please transfer all funds in my account to match the above percentages.  
*If you would like to transfer specific portions of your funds, please complete the Transfer Form.*

**ACCOUNT OWNER AUTHORIZATION AND SIGNATURE**

By signing below, I certify that I am the account owner and authorize this allocation change as requested above. I certify that all information on this form is true, complete and correct and that I fully understand the requirements and consequences of the actions authorized on this form.

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

\_\_\_\_\_  
DATE