



Florida College Investment Plan Allocation Transfer 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 transfer money already invested from one investment option to another. The account owner must sign this form. **Federal law allows transfers of money already invested twice per calendar year or with a change of beneficiary for the 2009 calendar year.** To change the beneficiary, use the Beneficiary Change Form. To change the allocation of new contributions, use the Allocation Change Form. The account owner is responsible for all reporting to the IRS and should retain all necessary receipts, invoices or other documentation. 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.**

Only two allocation transfer requests are allowed during the 2009 calendar year. Accordingly, if you have already requested two allocation transfers during the 2009 calendar year other than with a change of beneficiary, this allocation transfer request will be rejected. If you have not previously made two allocation transfer requests during the 2009 calendar year, this allocation request will be processed by the Florida Prepaid College Board during the 2009 calendar year.

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

TRANSFER

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. Choose ONE of the following options.

_____ Please transfer all funds in my account to match my current allocation percentages.
To change your allocation percentage, complete the Allocation Change Form.

_____ Please transfer funds as noted below:

Please indicate the percentage of each of your current investment option balances you would like to transfer. Also provide the percentages and names of the new investment options into which the funds should be transferred.

MOVE _____ % OF Fixed Income Balance TO _____

MOVE _____ % OF Equity Balance TO _____

MOVE _____ % OF Balanced Balance TO _____

MOVE _____ % OF *Age Based/Years to Enrollment Balance TO _____

MOVE _____ % OF Money Market Balance TO _____

*If your new allocation includes 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: _____

ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

By signing below, I certify that I am the account owner and authorize this transfer 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