

**Florida College Investment Plan  
Cancellation-Rollover Form**



To cancel or rollover funds from an account in the Florida College Investment Plan, the Florida Prepaid College Board requires the account owner's notarized signature and, for accounts established on or after February 1, 2009, the survivor's notarized signature. 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.

**CANCELLATION - A cancellation is a withdrawal of the entire account balance to \$0.** A \$50 cancellation fee will be deducted from the account. A cancellation is a non-qualified withdrawal, and as a result, the earnings are subject to federal income tax and the additional tax of 10 percent. Refer to the *Disclosure Statement* and consult your tax advisor for more information. The check is made payable only to the account owner and is usually mailed within 45 days.

**ROLLOVER** - There is no fee for a partial rollover. A \$50 rollover fee will be deducted from the account for a rollover of the entire account balance. The rollover may or may not be subject to federal income tax and the additional tax of 10 percent. Refer to the *Disclosure Statement* and consult your tax advisor for more information. Checks for rollovers are usually mailed within 45 days.

Please remember:

- All signatures must be original and notarized.
- 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.

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

We hope to have the opportunity to serve you and your family again in the future. If you have any questions about the account, please call 1-800-552-GRAD (4723) and *press prompt 3*.

Sincerely,

Florida College Investment Plan  
Customer Service

**Florida College Investment Plan  
Cancellation-Rollover Form**



**Customer Information:**

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

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

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

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

**CANCELLATION** - A cancellation is a withdrawal of the entire account balance to \$0. A \$50 cancellation fee will be deducted from the account. A cancellation is a non-qualified withdrawal, and as a result, the earnings are subject to federal income tax and the additional tax of 10 percent. Refer to the *Disclosure Statement* and consult your tax advisor for more information. The check is made payable only to the account owner and is usually mailed within 45 days.

**Please select ONE of the following cancellation reasons:**

- |   |  |
|---|--|
| <input type="checkbox"/> Qualified withdrawal to pay college expenses | <input type="checkbox"/> Beneficiary received a Bright Futures scholarship               |
| <input type="checkbox"/> Financial Hardship                           | <input type="checkbox"/> Beneficiary received other scholarship                          |
| <input type="checkbox"/> Plan to re-enroll later                      | <input type="checkbox"/> Beneficiary will not attend/complete college                    |
| <input type="checkbox"/> Death or Disability of the beneficiary       | <input type="checkbox"/> Account opened in error   |
| <input type="checkbox"/> Expectation of the program not met           | <input type="checkbox"/> Beneficiary has graduated, does not need the remaining benefits |
| <input type="checkbox"/> Choosing a different college investment      | <input type="checkbox"/> Cancel and transfer contributions to account # _____            |
|   | <input type="checkbox"/> Other: _____  |

For information or assistance, please call 1-800-552-GRAD (4723) and *press prompt 3*.

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

By signing below, I (we) certify that we are the account owner and survivor, and I (we) authorize the cancellations as requested above. I (We) certify that all information on this form is true, complete and correct and that I (we) fully understand the requirements and consequences of the action authorized on this form.

**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

**X** \_\_\_\_\_  
**SURVIVOR'S SIGNATURE- REQUIRED – For investment accounts established on or after February 1, 2009.**

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

**Florida College Investment Plan  
Cancellation-Rollover Form**



**Customer Information:**

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

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

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

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

**ROLLOVER** - There is no fee for a partial rollover. A \$50 rollover fee will be deducted from the account for a rollover of the entire account balance. The rollover may or may not be subject to federal income tax and the additional tax of 10 percent. Refer to the *Disclosure Statement* and consult your tax advisor for more information. Checks for rollovers are usually mailed within 45 days.

**PARTIAL ROLLOVER OF \$** \_\_\_\_\_ **OR** \_\_\_\_\_ **Entire Account Balance**

**PAY TO** (Select ONE): Account Owner \_\_\_\_ Another 529 Plan \_\_\_\_

If paid to the account owner, the check will be mailed to the address on file. If paid to another 529 plan, provide the name, account number and address of the 529 plan:

Name of 529 Plan: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For information or assistance, please call 1-800-552-GRAD (4723) and *press prompt 3*.

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

By signing below, I (we) certify that I (we) are the account owner and survivor, and I (we) authorize the rollover as requested above. I (We) certify that all information on this form is true, complete and correct and that I (we) fully understand the requirements and consequences of the action authorized on this form.

**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

**X** \_\_\_\_\_  
**SURVIVOR'S SIGNATURE- REQUIRED** – For investment accounts established on or after February 1, 2009.

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