

**Florida College Investment Plan
Change of Account Owner Form**



Changing the current account owner of an account in the Florida College Investment Plan requires the account owner's notarized signature and, for accounts established on or after February 1, 2009, the survivor's notarized signature. The *new* account owner must also sign the form and initial the representations section of the 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 the address below.

NEW ACCOUNT OWNER INFORMATION - The account owner may be an individual who is a citizen or resident of the United States and is 18 years of age or older, or an entity such as a business, organization or trust organized under the laws of the United States.

Please remember:

- All signatures must be original and notarized.
- The new account owner must sign and initial the representations section.
- 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 parties must be individually acknowledged by a notary.

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

Once all this information is received, we will update the account and provide the new account owner documents reflecting the change in account owner.

If you have any questions or need assistance, please call us at 1-800-552-GRAD (4723) and *press prompt 3*.

Sincerely,

Florida College Investment Plan
Customer Service

**Florida College Investment Plan
Change of Account Owner Form**



Customer Information:

**Name of Current Account Owner or Authorized Representative
of Business/Organization/Trust**

Daytime Telephone Number

Account Number

Name of Beneficiary (Student)

CURRENT ACCOUNT OWNER AND SURVIVOR AUTHORIZATION AND SIGNATURE

I (We) acknowledge by executing this form the current account owner relinquishes all rights and responsibilities and I (we) authorize the Florida Prepaid College Board to change the account owner, for the investment account. The current survivor designation for the investment account is unaffected by this form; if a survivor change is also needed a separate request is required. The Change of Survivor Form may be obtained at www.myfloridaprepaid.com/Forms.

CURRENT ACCOUNT OWNER

CURRENT SURVIVOR

X _____

X _____

ACCOUNT OWNER'S SIGNATURE- REQUIRED

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

State of _____, County of _____

State of _____, County of _____

The foregoing instrument was acknowledged before me

The foregoing instrument was acknowledged before me

This _____ day of _____, 20____

This _____ day of _____, 20____

by _____
(PRINT ACCOUNT OWNER'S NAME)

by _____
(PRINT SURVIVOR'S NAME)

who is (select one): ___Personally known, OR ___Produced identification

who is (select one): ___Personally known, OR ___Produced identification

Type of Identification: _____

Type of Identification: _____

State of: _____

State of: _____

X _____

X _____

SIGNATURE OF NOTARY – REQUIRED

SIGNATURE OF NOTARY – REQUIRED

Notary Stamp

Notary Stamp

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Customer Information:

Name of Current Account Owner or Authorized Representative
of Business/Organization/Trust

Daytime Telephone Number

Account Number

Name of Beneficiary (Student)

NEW ACCOUNT OWNER

Name: _____
(Last/First/Middle)

SSN: _____ - _____ - _____

Address: _____

City: _____

State, Zip Code: _____

E-Mail: _____

Home Phone: () _____ - _____

Work Phone: () _____ - _____

NEW ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

By signing and initialing below, I certify that (1) all the information provided on this form and documentation furnished to the Florida Prepaid College Board with this form are true, complete, and correct, (2) if I am a natural person, I am a citizen or resident alien of the United States, (3) if I am signing on behalf of a business, organization or trust organized under the laws of the United States, I am authorized to make these certifications and representations and to sign this form on behalf of such business, organization or trust, and (4) each of the survivor and the beneficiary is a citizen or resident alien of the United States.

I further certify, acknowledge and represent as follows:

- I have read and understand the Florida College Investment Plan *Disclosure Statement* and the Participation Agreement, and consent to the policies, terms, and conditions of the Florida College Investment Plan and the Participation Agreement. I understand that the Participation Agreement, which is incorporated into this form by reference, as it relates to enrollment in the Florida College Investment Plan, constitutes a legally binding agreement between me and the Florida Prepaid College Board. I understand that the policies, terms and conditions of the Florida College Investment Plan and Participation Agreement may be amended from time to time without prior notice, and I understand and agree that I will be subject to those amendments. **INITIALS:** _____
- I understand that enrolling in the Florida College Investment Plan and investing my funds in the investment options involves a high degree of risk, account values may fluctuate and there is no guarantee. I understand that I could lose all funds, including any earnings on those funds, deposited in the account, and investments in the Florida College Investment Plan are not deposits or obligations of, or insured or guaranteed by the State of Florida, the United States government, the Florida Prepaid College Board, the Federal Deposit Insurance Corporation, or any other governmental agency or financial institution. **INITIALS:** _____
- I understand for accounts established on or after February 1, 2009, the survivor's agreement will also be required for all future changes of account owner, survivor, or beneficiary, requests for voluntary termination of the account, and refund requests associated with the involuntary termination of the account. **INITIALS:** _____

SIGNATURE — New Account Owner

DATE