



Florida College Investment Plan
Address Change Form

Account Number (s) _____

Account Owner Name: _____

Check All That Apply:

- Account Owner Survivor Beneficiary

New Address: _____

City: _____

State: _____

Zip Code: _____

E-Mail: _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

You can fax your request to (850) 309-1766 or mail this form to the following address:

Florida College Investment Plan
P.O. Box 6567
Tallahassee, FL 32314-6567

You will receive for each beneficiary a separate statement confirming your changes.

ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

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