

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



To change the current account owner, due to the death of the current account owner, on a Florida College Investment Plan with no survivor listed, requires the Personal Representative/Executor/Administrator of the deceased current account owner's estate to sign the form in the space provided and have the signature properly notarized. Mail the completed form along with copies of the following documents:

- The current account owner's Death Certificate; and
- The Letters of Administration issued by a court appointing you as the Personal Representative/Executor/Administrator of the deceased current account owner's estate, which have been signed by a judge.

As there is no current survivor listed on the account, the **new account owner** and the **new survivor**, if a new survivor is designated, must complete and sign the form. You may designate yourself or some other person as the new account owner or the new survivor. Any person designated to be the new account owner or survivor must be a citizen or resident alien of the United States and be 18 years of age or older.

The Florida College Investment Plan cannot appoint anyone as the new account owner without a copy of the Letters of Administration issued by a court appointing the Personal Representative/Executor/Administrator of the current account owner's estate. If there is more than one Personal Representative/Executor/Administrator, each of those persons must sign the form and have their signatures properly notarized.

Please remember:

- The personal representative's signature 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 name of the personal representative in the appropriate section of the form.

Please mail the completed form and the documents listed above 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 updated 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  
Death of Account Owner Change Form**



**Customer Information:**

\_\_\_\_\_  
Name of Current Account Owner

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

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

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

**PERSONAL REPRESENTATIVE AUTHORIZATION AND SIGNATURE**

I authorize the Florida Prepaid College Board to change the account owner on the above-referenced plan(s).

**PERSONAL REPRESENTATIVE**

X \_\_\_\_\_

**SIGNATURE OF PERSONAL REPRESENTATIVE – REQUIRED**

State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_  
(PRINT NAME OF PERSONAL REPRESENTATIVE)

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  
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**Customer Information:**

\_\_\_\_\_  
Name of Current Account Owner

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

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

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

**NEW ACCOUNT OWNER**

**NEW SURVIVOR**

Name: (Last/First/Middle) \_\_\_\_\_

\_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

(     ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

(     ) \_\_\_\_\_ - \_\_\_\_\_

Signature:            **X** \_\_\_\_\_

**X** \_\_\_\_\_

**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 investment accounts established on or after February 1, 2009, the new survivor's agreement will also be required for all future changes of account owner, survivor, and beneficiary, voluntary termination of the account and refund requests associated with the termination of the account. **INITIALS:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF NEW ACCOUNT OWNER - REQUIRED**

\_\_\_\_\_  
**DATE**