

**Florida College Investment Plan  
Refund Request Form**



**Customer Information:**

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

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

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

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

A request for a refund that has been placed on hold requires the account owner's notarized signature and, for accounts established on or after February 1, 2009, the survivor's notarized signature. Once the completed and notarized request has been received, the refund will be released. Refunds are made payable only to the account owner and are usually mailed within 45 days.

If you have any questions or concerns, 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.**

**I (We) authorize the Florida Prepaid College Board to release the refund for the above referenced account:**

**ACCOUNT OWNER**

**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 \_\_\_\_\_

by \_\_\_\_\_

**(PRINT ACCOUNT OWNER'S NAME)**

**(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