



Florida College Investment Plan Survivor Change Form

Customer Information:

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

Daytime Telephone Number

Account Number

Name of Beneficiary (Student)

The program strongly recommends that the account owner name a survivor to your account. You may use this form to change the current survivor listed on your account or to add a survivor to an account where no survivor is currently listed. An account owner can only list one survivor.

Please complete and sign the section below, and return this form to the address provided or fax it to (850) 309-1766.

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

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

Sincerely,

Florida College Investment Plan
Customer Service

NEW SURVIVOR'S NAME: _____ **SSN#:** _____

Street City State Zip

Home Phone #: () _____ Work Phone #: () _____

ACCOUNT OWNER'S SIGNATURE- REQUIRED

DATE