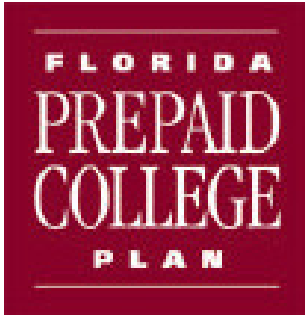


**Florida Prepaid College Plan
Death of Account Owner Change Form**



To change the current account owner, due to the death of the current account owner, on a Florida Prepaid College Plan with a survivor listed, requires the survivor to provide: a) copy of the current account owner's Death Certificate; and b) the completed form attached to this letter.

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.

Please remember:

- The current survivor's signature must be original and notarized.
- The notary must properly sign the form.
- The notary must date the form.
- The notary must print the name of the survivor in the appropriate section.

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 plan and provide the new account owner with a current Account Statement reflecting the change in account owner.

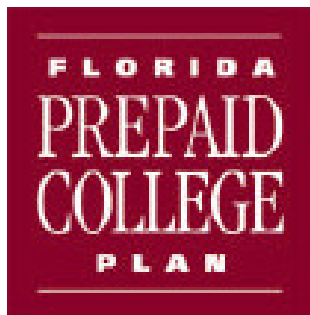
In addition, if the deceased current account owner had a Group Life Insurance Plan for their prepaid plan, contact Student Insurance Services at 1-800-552-GRAD (4723) and press prompt 4, for instructions on filing a claim.

If you have any questions or need assistance, please call us at 1-800-552-GRAD (4723) and *press prompt 2*.

Sincerely,

Florida Prepaid College Plan
Customer Service

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



Customer Information:

Name of Current Account Owner

Daytime Telephone Number

Plan Number

Name of Beneficiary (Student)

NEW ACCOUNT OWNER

Name: (Last/First/Middle) _____

SSN: _____ - _____ - _____

Address: _____

City, State, Zip Code: _____

E-Mail: _____

Home Phone: () _____ - _____

Work Phone: () _____ - _____

Signature: **X** _____

NEW SURVIVOR

_____ - _____ - _____

Home Phone: () _____ - _____

Work Phone: () _____ - _____

Signature: **X** _____

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

I understand that, for tuition plan contracts purchased on or after February 1, 2009, and associated dormitory, local fee, and tuition differential fee plans, the new survivor's agreement will also be required for all future changes of account owner, survivor, and beneficiary, requests for voluntary termination of accounts, and refund requests associated with involuntarily terminated accounts.

CURRENT SURVIVOR

X _____

SURVIVOR'S SIGNATURE- REQUIRED

State of _____, County of _____

The foregoing instrument was acknowledged before me

This _____ day of _____, 20____

by _____
(PRINT SURVIVOR'S NAME)

who is (select one): ___ Personally known, OR ___ Produced identification

Type of Identification: _____

State of: _____

X _____

SIGNATURE OF NOTARY - REQUIRED

Notary Stamp