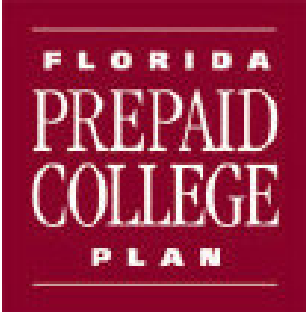


**Florida Prepaid College Plan  
Refund Request Form**



**Customer Information:**

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

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

\_\_\_\_\_  
Plan 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 tuition plan contracts purchased on or after February 1, 2009, and associated dormitory, local fee, and tuition differential fee plans, the survivor's notarized signature.

Refunds are made payable only to the account owner and are usually mailed within 45 days.

Please remember:

- All signatures must be original and notarized.
- The notary must properly sign the form.
- The notary must date the form.
- The notary must print the names of the account owner and survivor (if applicable) in the appropriate section.
- A separate notary stamp is required for each signature even if the same individual notarizes both signatures.
- All signatures must be individually acknowledged by a notary.

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

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

**ACCOUNT OWNER**

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

**ACCOUNT OWNER'S SIGNATURE – REQUIRED**

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

The foregoing instrument was acknowledged before me

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

by \_\_\_\_\_  
(PRINT ACCOUNT OWNER'S NAME)

who is (select one): \_\_\_Personally known, OR \_\_\_Produced identification

Type of Identification: \_\_\_\_\_

State of: \_\_\_\_\_

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

**SIGNATURE OF NOTARY – REQUIRED**

Notary Stamp

**SURVIVOR**

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

**SURVIVOR'S SIGNATURE-REQUIRED** – For tuition plan contracts purchased on or after February 1, 2009, and associated dormitory, local fee, and tuition differential fee plans.

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

**Please return the completed and notarized form to: Florida Prepaid College Board, P.O. Box 6567, Tallahassee, FL 32314-6567**