



**Florida Prepaid College Plan  
Address Change Form**

Account Number (s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Owner Name: \_\_\_\_\_

**Check All That Apply:**

Account Owner       Survivor       Beneficiary

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

City: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

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

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

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

**You can fax your request to (850) 309-1766 or mail this form to the following address:**

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

You will receive for each beneficiary a separate statement confirming your changes.

**ACCOUNT OWNER AUTHORIZATION AND SIGNATURE**

**By signing below, I certify that I am the account owner and authorize the change as requested above. I certify that all information on this form is true, complete and correct and that I fully understand the requirements and consequences of the actions authorized on this form.**

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

\_\_\_\_\_  
DATE