



Florida Prepaid College Plan
Add Survivor Form

Customer Information:

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

Daytime Telephone Number

Plan Number

Name of Beneficiary (Student)

The account owner may use this form to add a survivor to a plan for which no survivor is currently listed; only one survivor may be listed.

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

Florida Prepaid College Board
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 2.

Sincerely,

Florida Prepaid College Plan
Customer Service

SURVIVOR'S NAME: \_\_\_\_\_ SSN#: \_\_\_\_\_

Street City State Zip

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

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 changes of account owner, survivor, and beneficiary, requests for voluntary termination of accounts, and refund requests associated with involuntarily terminated accounts.

ACCOUNT OWNER'S SIGNATURE-REQUIRED

DATE