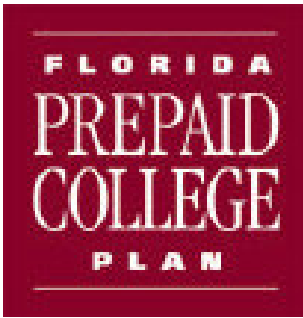


**Florida Prepaid College Plan
Voluntary Cancellation Form**



Cancellation of a Florida Prepaid College Plan 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.

Once the plan has been cancelled, the account owner will receive a refund of the total payments made *minus* all fees, including late fees owed at the time of cancellation. A cancellation fee of 50 percent of the total payments made, not to exceed \$50, may also be deducted from the refund amount if the prepaid plan has been held for less than two years from the first payment due date. Refunds are made payable only to the account owner and are usually mailed within 45 days of receipt of the completed cancellation request.

Please remember:

- All signatures must be original and notarized.
- The notary must properly complete and 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 decide not to cancel your plan, simply disregard this form and continue your monthly payments. If you have any questions or concerns, please call 1-800-552-GRAD (4723) and *press prompt 2*.

Sincerely,

Florida Prepaid College Plan
Customer Service

**Florida Prepaid College Plan
Voluntary Cancellation Form**



Customer Information:

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

Daytime Telephone Number _____

Plan Number _____

Name of Beneficiary (Student) _____

Please use this form to cancel a Florida Prepaid College Plan tuition, local fee, tuition differential fee, and/or dormitory plan.

Please select **ONE** of the following cancellation reasons:

- | | |
|---|---|
| <input type="checkbox"/> Financial hardship | <input type="checkbox"/> Plan to re-enroll later |
| <input type="checkbox"/> Beneficiary will not attend/complete college | <input type="checkbox"/> Beneficiary received a Bright Futures scholarship |
| <input type="checkbox"/> Choosing a different college investment | <input type="checkbox"/> Beneficiary will attend an out-of-state or private Florida college |
| <input type="checkbox"/> Expectations of the plan not met | <input type="checkbox"/> Death or disability of the beneficiary |
| <input type="checkbox"/> Beneficiary not going to live in a dormitory | <input type="checkbox"/> Beneficiary has graduated, does not need the remaining benefits |
| <input type="checkbox"/> Dormitory space not available | <input type="checkbox"/> Cancel and transfer payments to plan #: _____ |
| <input type="checkbox"/> Beneficiary received a scholarship | <input type="checkbox"/> Other: _____ |

I (We) have been advised of the alternatives besides cancellation and authorize the Florida Prepaid College Board to cancel 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

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