

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



Changing the current account owner on 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.

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.

Sincerely,

Florida Prepaid College Plan  
Customer Service

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



**Customer Information:**

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

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

\_\_\_\_\_  
Plan Number

\_\_\_\_\_  
Name of Beneficiary (Student)

**NEW ACCOUNT OWNER'S NAME:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_ -- --

New Account Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip

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

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

I (We) acknowledge by executing this form the current account owner relinquishes all rights and responsibilities and I (we) authorize the Florida Prepaid College Board to change the account owner, for the above-referenced plan(s). The current survivor designation for the above referenced plan(s) is unaffected by this form; if a survivor change is also needed a separate request is required. A Change Of Survivor Form can be obtained at [www.myfloridaprepaid.com/Forms](http://www.myfloridaprepaid.com/Forms).

**CURRENT 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

**CURRENT 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**