

Please use this Death of Account Owner Change Form if the following circumstances apply:

- There is no survivor currently listed on the account.
- You are the beneficiary and are 18 years of age or older.

To exercise the right of survivorship, the beneficiary must complete and sign the form in the space provided and have the signature properly notarized. The completed form must be mailed along with a certified copy of the current account owner's death certificate.

You may designate yourself or another individual as the new account owner and you may also designate a new survivor. Any person designated to be the new account owner or survivor must be 18 years of age or older and a citizen or resident alien of the United States.

Please remember:

- You must provide a certified copy of the deceased account owner's death certificate.
- Your signature must be original and notarized.
- The notary must properly sign the form.
- The notary must date the form.
- The notary must print your name in the appropriate section of the form.

Please mail the completed form and the requested documentation to:

**Florida Prepaid College Board  
PO Box 6567  
Tallahassee, FL 32314-6567**

Once the required information is received, we will update the plan and provide documents reflecting the change in account owner.

In addition, if the deceased current account owner had a Group Life Insurance Plan for his/her prepaid plan, contact Student Insurance Services at 904-335-7311 for instructions on filing a claim.

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

Sincerely,

Florida Prepaid College Plan  
Customer Service

**Customer Information:**

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

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Daytime Telephone Number

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

\_\_\_\_\_  
Last 4 of Account Owner's SSN

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

**NEW ACCOUNT OWNER**

Mr.  Mrs.  Ms.  Dr.

**NEW SURVIVOR**

Mr.  Mrs.  Ms.  Dr.

Salutation

Legal Name:  
(Last/First/Middle)

SSN:

Address:

City, State, Zip Code:

E-Mail Address:

Primary Phone #:

Secondary Phone #:

Signature:

X \_\_\_\_\_

X \_\_\_\_\_

**BENEFICIARY AUTHORIZATION AND SIGNATURE**

**I authorize the Florida Prepaid College Plan to change the account owner on the above-referenced plan(s).**

I understand that, for plans purchased on or after February 1, 2009 that include coverage for Registration Fees, along with any associated supplemental plan(s), the new survivor's notarized signature also will be required for the following: changes of account owner, survivor, or beneficiary; requests for voluntary termination of the plan(s); and requests for refunds associated with involuntarily terminated plans.

X \_\_\_\_\_  
SIGNATURE OF BENEFICIARY – REQUIRED

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

The foregoing instrument was acknowledged before me by means of

physical presence or  online notarization

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(PRINT NAME OF BENEFICIARY)

by \_\_\_\_\_

who (select one): is personally known, OR produced identification

Type of identification: \_\_\_\_\_

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

X \_\_\_\_\_  
SIGNATURE OF NOTARY – REQUIRED

Notary Stamp