

To change the survivor due to the death of the current survivor on a Florida Prepaid College Plan that includes coverage for Registration Fees, along with any associated supplemental plan(s), purchased on or after February 1, 2009, please follow the instructions below. We offer our condolences.

The **account owner** must provide: a) a copy of the current survivor's death certificate
b) the completed form on the next page.

The account owner may designate a new survivor. Any person designated to be the new survivor must be 18 years of age or older and a citizen or resident alien of the United States. For more information, see the Master Contract at www.myfloridaprepaid.com.

Please remember:

- The account owner's signature must be original and notarized.
- The notary must properly sign the form.
- The notary must date the form.

Please mail the completed form and the documents listed above to: **Florida Prepaid College Board**
PO Box 6567
Tallahassee, FL 32314-6567

Once all this information is received, we will update the plan and provide the account owner with documents reflecting the change in survivor.

In addition, if the deceased current survivor 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 *select 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 SURVIVOR

Salutation: Mr. Mrs. Ms. Dr.

Name: _____
(Last/First/Middle)

SSN: _____

Address: _____

City: _____

State: _____

Zip Code: _____

E-Mail Address: _____

Primary Phone #: (____)____-____

Secondary Phone #: (____)____-____

Survivor Signature: **X** _____

I do not wish to name a new survivor at this time.
If you select this option, you are still required to have this form notarized and to provide a death certificate to have the current survivor removed. Future account changes cannot be processed until the current survivor has been removed or changed.

I authorize the Florida Prepaid College Board to change the survivor 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 survivor's notarized signature also will be required for all future changes of account owner, survivor, or beneficiary, requests for voluntary termination of the plan(s), and requests for refunds associated with the involuntary termination of the plan(s).

CURRENT ACCOUNT OWNER

X _____
ACCOUNT OWNER'S SIGNATURE – 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 ACCOUNT OWNER'S NAME)

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

Type of identification: _____

State of: _____

X _____
SIGNATURE OF NOTARY – REQUIRED

Notary Stamp