

To change the account owner due to the death of the current account owner on a Florida Prepaid College Plan with a survivor listed, the survivor must provide: a) a copy of the current account owner's death certificate; b) the completed form attached to this letter.

You may designate yourself or another person as the new account owner or the 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. For more information, see the Master Contract at www.myfloridaprepaid.com.

Please remember:

- The current survivor's signature must be original and notarized.
- The notary must properly sign the form.
- The notary must date the form.
- The notary must print the name of the survivor in the appropriate section.

Please mail the completed form and the documents listed above 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 the new account owner with 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 1-800-552-GRAD (4723) and *select prompt 4* 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

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

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

NEW SURVIVOR

Salutation: ____ Mr. ____ Mrs. ____ Ms. ____ Dr.

____ Mr. ____ Mrs. ____ Ms. ____ Dr.

Legal Name: _____
(Last/First/Middle)

SSN: _____ - _____ - _____

_____ - _____ - _____

Address: _____

City, State, Zip Code: _____

E-Mail Address: _____

Primary Phone #: (____) _____ - _____

(____) _____ - _____

Secondary Phone #: (____) _____ - _____

(____) _____ - _____

Signature: **X** _____

X _____

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.

CURRENT SURVIVOR

X _____

SURVIVOR'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____

by _____
(PRINT SURVIVOR'S NAME)

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

Type of identification: _____

State of: _____

X _____

SIGNATURE OF NOTARY - REQUIRED

Notary Stamp