

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

- There is no survivor currently listed on the account.
- The beneficiary is under 18 years of age and therefore cannot legally act as the account owner.
- You are the parent or legal guardian of the beneficiary and can act in a custodial capacity on the beneficiary's behalf.

The parent or legal guardian of the beneficiary must act as the account owner in a custodial capacity until the beneficiary turns 18, at which time he/she may exercise a right of survivorship. At this time, however, the parent or legal guardian must complete and sign this 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.

The rights of an account owner acting in a custodial capacity are limited. While the parent or legal guardian is acting as a custodial account owner, he/she may not:

- a) change the account owner without providing acceptable documentation indicating the authority to do so;
- b) change the beneficiary on the account;
- c) designate a survivor;
- d) voluntarily terminate or request a refund from the account.

For more information on the rights and limitations of account owners acting in a custodial capacity, see the *Program Description and Participation Agreement* at www.myfloridaprepaid.com.

Please remember:

- A certified copy of the deceased account owner's death certificate must be provided.
- The parent or legal guardian's signature must be original and notarized.
- The parent or legal guardian must sign and initial the representations section on the last page of this letter.
- The notary must properly sign the form.
- The notary must date the form.
- The notary must print the name of the parent or legal guardian 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 account and provide documents reflecting the change in account owner.

If you have any questions or need assistance, please call us at 1-800-552-GRAD (4723) and *select prompt 3*.

Sincerely,

Florida 529 Savings Plan
Customer Service

**Florida 529 Savings Plan
Death of Account Owner Change Form
Custodial Account Owner**

Customer Information:

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

_____-_____-_____
Daytime Telephone Number

Account Number

Last 4 of Account Owner's SSN

Name of Beneficiary (Student)

PARENT/LEGAL GUARDIAN INFORMATION

Salutation ___ Mr. ___ Mrs. ___ Ms. ___ Dr.

Legal Name: _____
(Last/First/Middle)

SSN: ____-____-____

Address: _____

City, State, Zip Code: _____

E-Mail Address: _____

Primary Phone #: (____) _____ - _____

Secondary Phone #: (____) _____ - _____

Signature: X _____

This form is not complete until the parent/legal guardian has completed the authorization section on the last page.

PARENT OR LEGAL GUARDIAN ATTESTATION, AUTHORIZATION, AND SIGNATURE

I attest and affirm that I am the parent or legal guardian of the beneficiary listed above. I authorize the Florida Prepaid College Board to change the account owner on the above-referenced account due to the death of the current account owner. I understand that I will act as the account owner for the above-referenced account in a limited custodial capacity until the beneficiary turns 18, at which time the beneficiary can exercise a right of survivorship and become the account owner for this account.

X _____
SIGNATURE OF PARENT/LEGAL GUARDIAN – REQUIRED

CUSTODIAL LIMITATIONS APPLY

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 PARENT/LEGAL GUARDIAN)

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

Type of identification: _____

State of: _____

X _____
SIGNATURE OF NOTARY – REQUIRED

Notary Stamp



Florida 529 Savings Plan Death of Account Owner Change Form Custodial Account Owner

Customer Information:

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

____ - ____ - ____
Daytime Telephone Number

Account Number

____ - ____ - ____
Last 4 of Account Owner's SSN

Name of Beneficiary (Student)

PARENT/LEGAL GUARDIAN AUTHORIZATION AND SIGNATURE

By signing and initialing below, I certify that (1) all the information provided on this form and documentation furnished to the Florida Prepaid College Board with this form are true, complete, and correct; (2) if I am a natural person, I am a citizen or resident alien of the United States; (3) if I am signing on behalf of a business, organization, or trust organized under the laws of the United States, I am authorized to make these certifications and representations and to sign this form on behalf of such business, organization, or trust, and (4) the survivor and the beneficiary are citizens or resident aliens of the United States.

I further certify, acknowledge, and represent as follows:

- I have read and understand the Florida 529 Savings Plan *Program Description and Participation Agreement*, and consent to the policies, terms, and conditions of the Florida 529 Savings Plan and the *Program Description and Participation Agreement*. I understand that the *Program Description and Participation Agreement*, which is incorporated into this form by reference, as it relates to enrollment in the Florida 529 Savings Plan, constitutes a legally binding agreement between me and the Florida Prepaid College Board. I understand that the policies, terms, and conditions of the Florida 529 Savings Plan and the *Program Description and Participation Agreement* may be amended from time to time without prior notice, and I understand and agree that I will be subject to those amendments.

INITIALS: _____

- I understand that enrolling in the Florida 529 Savings Plan and investing my funds in the investment options involves a high degree of risk, account values may fluctuate, and there is no guarantee. I understand that I could lose all funds, including any earnings on those funds, deposited in the account, and investments in the Florida 529 Savings Plan are not deposits or obligations of, or insured or guaranteed by the State of Florida, the United States government, the Florida Prepaid College Board, the Federal Deposit Insurance Corporation, or any other governmental agency or financial institution. **INITIALS:** _____

SIGNATURE OF PARENT/LEGAL GUARDIAN – REQUIRED

DATE