

To change the current survivor due to the death of the current survivor on a Florida 529 Savings Plan established 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 *Program Description and Participation Agreement* 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.

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 Survivor Change Form**

Customer Information:

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** _____

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)

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 account.

I understand that, for accounts established on or after February 1, 2009, the new survivor's notarized signature will also be required for all future changes of account owner, survivor, and beneficiary, requests for voluntary termination of the account, and refund requests associated with the termination of the account.

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____
 by _____
 (PRINT ACCOUNT OWNER'S NAME)

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

Type of identification: _____

State of: _____

X _____

SIGNATURE OF NOTARY – REQUIRED

Notary Stamp