

To change the account owner due to the death of the current account owner on a Florida 529 Savings Plan with a survivor listed, the survivor must provide: a) a certified copy of the current account owner's death certificate; b) the completed form attached to this letter.

The *new* account owner must also sign the form and initial the representations section of the form.

You may designate yourself or another individual 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.

Please remember:

- The current survivor's signature must be original and notarized.
- The new account owner must sign and initial the representations section.
- 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 account and provide the new account owner 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

**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)

## CURRENT SURVIVOR AUTHORIZATION AND SIGNATURE

I authorize the Florida Prepaid College Board to change the account owner on the above-referenced account.

**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\_\_\_\_  
(PRINT SURVIVOR'S NAME)

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

**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)**

**NEW ACCOUNT OWNER**

**NEW SURVIVOR**

Salutation	___ Mr. ___ Mrs. ___ Ms. ___ Dr.	___ Mr. ___ Mrs. ___ Ms. ___ Dr.
Name: (Last/First/Middle)	_____	_____
SSN:	____-____-____	____-____-____
Address:	_____	_____
City, State, Zip Code:	_____	_____
E-Mail Address:	_____	_____
Primary Phone #:	(____) _____ - _____	(____) _____ - _____
Secondary Phone #:	(____) _____ - _____	(____) _____ - _____
Signature:	<b>X</b> _____	<b>X</b> _____

**NEW ACCOUNT OWNER 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:** \_\_\_\_\_
- In addition, I understand for Savings Accounts established on or after February 1, 2009, the new survivor's agreement will also be required for all future changes of account owner, survivor, and beneficiary, voluntary termination of the account, and refund requests associated with the termination of the account. **INITIALS:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF NEW ACCOUNT OWNER – REQUIRED**

\_\_\_\_\_  
**DATE**