



Florida Prepaid College Plan
Add Survivor Form

Customer Information:

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

Daytime Telephone Number

Plan Number

Name of Beneficiary (Student)

The account owner may use this form to add a survivor to a plan for which no survivor is currently listed; only one survivor may be listed. For more information, see the Master Contract at www.myfloridaprepaid.com.

Please complete and sign the section below, and return this form to the address provided or FAX it to 850-309-1766.

Florida Prepaid College Board
PO Box 6567
Tallahassee, FL 32314-6567

If you have any questions, please call us at 1-800-552-GRAD (4723) and press prompt 2.

Sincerely,

Florida Prepaid College Plan
Customer Service

SURVIVOR'S NAME: SSN:

Street City State Zip

E-mail

Home Phone #: ()

Work Phone #: ()

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 all future changes of account owner, survivor, and beneficiary; requests for voluntary termination of the plan(s); and refund requests associated with involuntarily terminated plans.

ACCOUNT OWNER'S SIGNATURE REQUIRED

DATE