

Cancellation of a Florida Prepaid College Plan requires the account owner's notarized signature and, for plans purchased on or after February 1, 2009, that include coverage for Registration Fees, and any associated supplemental plan(s), the survivor's notarized signature. For more information, see the Master Covenant at www.myfloridaprepaid.com.

Once the plan has been cancelled, the account owner will receive a refund of the total payments made *minus* all fees, including late fees owed at the time of cancellation. A cancellation fee of 50 percent of the total payments made, not to exceed \$50, may also be deducted from the refund amount if the plan that includes coverage for Registration Fees has been held for less than two years from the first payment due date.

Refunds are made payable only to the account owner and are usually mailed within 45 days of receipt of the completed cancellation request. An incomplete or incorrectly completed form may delay the cancellation process.

The refund will be mailed to the address on file. If an update is required, a Change of Address Form may be downloaded from www.myfloridaprepaid.com/Forms. The Account Owner's signature is required to change the address on an account. In order for the address update to be made with the cancellation, the Change of Address form must accompany this notarized form.

Please remember:

- All signatures must be original and notarized. Faxed or photocopied notarized signatures will not be accepted.
- The notary must properly complete and sign the form.
- The notary must date the form.
- The notary must print the names of the account owner and survivor (if applicable) in the appropriate section.
- A separate notary stamp is required for each signature even if the same individual notarizes both signatures.
- All signatures must be individually acknowledged by a notary.

If you decide not to cancel your plan, simply disregard this form and continue your monthly payments. If you have any questions or concerns, please call 1-800-552-GRAD (4723) and *press prompt 2*.

Sincerely,

Florida Prepaid College Plan
Customer Service



Florida Prepaid College Plan Voluntary Cancellation Form

Customer Information:

Plan Number: _____

Account Owner Name: _____

Beneficiary Name: _____

Daytime Telephone Number: (_____) _____ - _____

Please use this form to cancel a Florida Prepaid College Plan.

Please select **ONE** of the following cancellation reasons:

- | | |
|---|---|
| <input type="checkbox"/> Financial hardship | <input type="checkbox"/> Plan to re-enroll later |
| <input type="checkbox"/> Beneficiary will not attend/complete college | <input type="checkbox"/> Beneficiary received a Bright Futures scholarship |
| <input type="checkbox"/> Choosing a different college investment | <input type="checkbox"/> Beneficiary will attend an out-of-state or private Florida college |
| <input type="checkbox"/> Expectations of the plan not met | <input type="checkbox"/> Death or disability of the beneficiary |
| <input type="checkbox"/> Beneficiary not going to live in a dormitory | <input type="checkbox"/> Beneficiary has graduated, does not need the remaining benefits |
| <input type="checkbox"/> Dormitory space not available | <input type="checkbox"/> Cancel and transfer payments to plan #: _____ |
| <input type="checkbox"/> Beneficiary received a scholarship | <input type="checkbox"/> Other: _____ |

I (We) have been advised of the alternatives besides cancellation and authorize the Florida Prepaid College Board to cancel the above referenced plan(s):

ACCOUNT OWNER

X _____

ACCOUNT OWNER'S SIGNATURE – REQUIRED

State of _____, County of _____

The foregoing instrument was acknowledged before me

This _____ day of _____, 20____

by _____
(PRINT ACCOUNT OWNER'S NAME)

who is (select one): Personally known, OR Produced identification

Type of Identification: _____

State of: _____

X _____

SIGNATURE OF NOTARY – REQUIRED

Notary Stamp

SURVIVOR

X _____

SURVIVOR'S SIGNATURE-REQUIRED – For plans purchased on or after February 1, 2009, that include coverage for Registration Fees, and any associated supplemental plan(s).

State of _____, County of _____

The foregoing instrument was acknowledged before me

This _____ day of _____, 20____

by _____
(PRINT SURVIVOR'S NAME)

who is (select one): Personally known, OR Produced identification

Type of Identification: _____

State of: _____

X _____

SIGNATURE OF NOTARY – REQUIRED

Notary Stamp

Return the completed and notarized form to: Florida Prepaid College Board, P.O. Box 6567, Tallahassee, FL 32314-6567