

Signature of Account Owner or Beneficiary (Required)

Florida Prepaid College Plan Transfer Form

Date

COLLEGE SAVINGS PLANS	Customer Information:		
	Name of Current Account Owner or Authorized Representative Of Business/Organization/Trust		
	() Daytime Telephone Number		
	Plan Number		
This authorization applies to all plans you own for this beneficiary.	Name of Beneficiary (Student)		
PLEASE NOTE: Only one Transfer Form is needed easthool. You do not need to submit a separate Transf	ach time the beneficiary begins attendance at an out-of-state or private er Form for any supplementary plans.		
Following is information about using your prepaid plan(s) at an out-of-state college, private Florida college, or other eligible educational institution. ELIGIBLE EDUCATIONAL INSTITUTIONS: The Florida Prepaid College Plan may be used at any eligible educational institution as defined in s. 529 of the Internal Revenue Code. To view a list of eligible institutions, visit www.myfloridaprepaid.com/what-we-offer/schools. By completing this form, you accept responsibility for verifying that you are requesting payment of your prepaid plan benefits to an eligible institution. To transfer the benefits of a prepaid plan, the account owner or beneficiary must complete and mail this form to: Florida Prepaid College Plan, PO Box 6567, Tallahassee, FL 32314-6567. Or FAX to: 850-309-1766. Please allow up to four weeks for processing. If you have any questions, please call us at 1-800-552-GRAD (4723) and press prompt 2. PAYMENT OPTIONS: Select one of the payment options listed below. RESTRICTED PAYMENT OPTION I authorize the Florida Prepaid College Plan to transfer my prepaid plan(s) to the educational institution listed below. The Prepaid Plan will not be responsible for any balance due. I understand:			
			nt only, the Florida Prepaid College Plan will pay a dollar amount up to the a's public colleges or universities under the beneficiary's plan.
			OR
			and dollar amount, the Florida Prepaid College Plan will pay the total number of for a credit hour at Florida's public colleges or universities under the
		UNRESTRICTED PAYMENT OPTION – I authorize institution listed below. The Prepaid Plan will not be	the Florida Prepaid College Plan to transfer my prepaid plan to the educational responsible for any balance due. I understand:
	al dollar amount invoiced up to the total plan value. By selecting this option, I be because out-of-state colleges and private Florida colleges are usually more		
	Plan will pay one semester of dormitory per term at the average dormitory rate your prepaid plan or the actual amount invoiced by the school, whichever is		
	orida Prepaid College Plan each semester. The Prepaid Plan will send d will pay the college directly until your prepaid plan is depleted.		
Name of College or Educational Institution	City and State		

Print Name (Required)