

4. FLORIDA 529 SAVINGS PLAN

A. **INVESTMENT OPTION(S)** — Indicate below, in percentages, how you want to allocate your contributions. You may allocate your contributions to one or any combination of the investment options below. Refer to the Program Description and Participation Agreement for more information.

INVESTMENT OPTIONS

Select investment option(s) by indicating how you want to allocate your contributions in Section 4A.
Your initial contribution and future contributions will be allocated based on the investment option(s) selected.

SELECT YOUR INVESTMENT OPTION(S)	ALLOCATION
Fixed Income Portfolio	■■■%
Blended Equity Portfolio	■■■%
Balanced Portfolio	■■■%
Age Based / Years to Enrollment Portfolio	■■■%
Money Market Portfolio	■■■%
Domestic Equity Index Fund	■■■%
Large Cap Growth Fund	■■■%
Large Cap Value Fund	■■■%
Mid Cap Fund	■■■%
Small Cap Fund	■■■%
International (Developed Markets) Fund	■■■%
Allocations Must Total 100%	
100%	

4. Continued FLORIDA 529 SAVINGS PLAN

B. APPLICATION FEE AND INITIAL CONTRIBUTION* — Attach a CHECK OR MONEY ORDER PAYABLE TO: Florida 529 Savings Plan

1. \$50 APPLICATION FEE

OR

\$30 CURRENT CUSTOMER DISCOUNT:

Enter **\$30.00** if this **same** account owner already has a **Prepaid Plan** for this **same** beneficiary (student), and provide the account number below:

\$.

Florida Prepaid College Plan Account Number

2. **INITIAL CONTRIBUTION.** Enter an initial contribution of at least **\$250.00** to the right, **OR** authorize automatic contributions of at least \$25 per month in Section 4C. (If only authorizing automatic contributions, do not enter an amount in boxes to the right.)

+ \$, .

*The application fee is nonrefundable.

TOTAL \$, .

C. AUTOMATIC CONTRIBUTIONS — To authorize automatic (electronic) contributions from a bank account to the Florida 529 Savings Plan:

1. Attach a voided check or pre-printed deposit slip for the bank account from which the automatic contributions are to be withdrawn.

2. Select frequency of withdrawals (Select ONE): 1st of each month 15th of each month 1st and 15th of each month

3. Provide amount of withdrawal from this bank account each period:

\$, . (\$25 MINIMUM EACH MONTH)

4. Select type of bank account. (Select ONE):

Checking Account

Savings Account

D. ROLLOVERS* — Complete **only** if you are funding your Savings Plan with a rollover contribution. Mark the type of rollover below:

Another 529 Plan

U.S. Savings Bond

Coverdell Education Savings Account

UGMA/UTMA ACCOUNT:
State of

*If you are making a **ROLLOVER CONTRIBUTION** to the Florida 529 Savings Plan, you **MUST** submit the rollover contribution and the appropriate documentation (see below) showing both the principal amount and the earnings portion of the contribution:

Another 529 Plan: Statement issued by the distributing 529 program.

Coverdell Education Savings Account: Statement issued by the financial institution that acted as trustee or custodian

Qualified U.S. Savings Bond: Statement of Form 1099-INT issued by the financial institution that redeemed the bond.

UGMA/UTMA: Certified copy of document establishing the account.

E. ACCOUNT OWNER AUTHORIZATION AND SIGNATURE

By signing and initialing below, I certify that (1) all the information provided on this application and on the documentation furnished to the Florida Prepaid College Board with this application is true, complete and correct; (2) I am a citizen or resident alien of the United States, and I am at least 18 years old; (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 application 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 Participation Agreement. I understand that the Participation Agreement, which is incorporated into this application 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 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 may involve 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:**
- I understand that the survivor's agreement will be required for all changes of account owner, survivor and beneficiary, requests for voluntary termination of accounts, and refund requests associated with involuntarily terminated accounts. **INITIALS:**

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

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

Date

Return your application, check or money order, and any required documentation to: Florida Prepaid College Board, P.O. Box 6448, Tallahassee, FL 32314-6448