

NEW ACCOUNT APPLICATION

1. ACCOUNT OWNER (PURCHASER/BENEFACTOR)

The account owner is the person or entity opening the account. The account owner must be an individual who is a citizen or resident alien of the United States and is 18 years of age or older, or an entity such as a business, organization or trust organized under the laws of the United States. **Indicate whether the account owner is an individual OR a business/organization/trust by completing the appropriate part of Section 1A below.**

A.	INDIVIDUAL			Account Owner Social Security Number
	Mr. Mrs. Ms.	Dr.		
	Account Owner First Name	MI	Last Name	
	BUSINESS/ORGANIZATION/TRI	UST		Business/Organization/Trust Tax ID Number
	Name of Business/Organization/Trust			
	Authorized Representative of Business	s/Organization/T	rust 🔲 N	Ir. 🔲 Mrs. 🔲 Ms. 🛄 Dr.
	First Name	MI	Last Name	

If you are opening a Florida 529 Savings Plan on behalf of a **BUSINESS, ORGANIZATION OR TRUST,** you **MUST** submit the official title of the authorized representative and documentation substantiating the legal status of the entity opening the account:

For a corporation, association or partnership: Certificate of status or existence.

E For a not-for-profit organization, including corporations and associations: IRS letter granting not-for-profit status.

For a trust: Trust documents establishing the trust and identifying the grantor and trustee.

For an estate: Certified copy of letters of administration issued by the appropriate court.

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

For a state or local government agency: A request on the agency's letterhead to open an account.

B. CONTACT INFORMATION – Individual Account Owner or Authorized Representative of Business/Organization/Trust Mailing Address (COMPLETE STREET ADDRESS INCLUDING APARTMENT # OR P.O. BOX)

City	State Zip Code
Home or Primary Telephone	Cell or Secondary Telephone
E-Mail Address	

Optional: How did you hear about the program?

1- 🔲 I AM A CUSTOMER	2- 🔲 FRIEND/FAMILY	3- 🔲 WORK 4- 📃	SCHOOL 5-	NEWSPAPER/M	AGAZINE	6- 🔲 NEWSPAPER INSERT
7- TV 8- RADIO 9-	FINANCIAL ADVISOR		PREPAID.COM	11- 🔲 WEB SITE	12- 🔲 OTH	IER

Optional: Annual Family Income

1- UNDER \$20,000 2- \$20,000-\$29,999 3- \$30,000-\$39,999 4- \$40,000-\$49,999 5- \$50,000-\$69,999

6- 🛄 \$70,000-\$99,999 7- 🛄 \$100,000 AND OVER

Optional: You are opening this account for?

1- YOUR CHILD 2- YOUR GRANDCHILD 3- OTHER RELATIVE 4- YOURSELF 5- OTHER

OFFICE USE: Check/MO #_____ Check/MO \$_____ Related AP_____ Other_____ Tracking # 10

2. SURVIVOR (CO-PURCHASER/CONTINGENT BENEFACTOR)

The survivor becomes the account owner upon death of the account owner in Section 1. The survivor must be an individual who is a citizen or resident alien of the United States and is 18 years of age or older. The survivor cannot be the same as the account owner. The beneficiary (student) cannot be the survivor unless he/she is 18 years old or older.

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. Naming a survivor is optional.

A. INDIVIDUAL					Survivor Sc	i				
	Mr.	🔲 Mrs.	🔲 Ms.	🔲 Dr.		Least Name a				
	Survivor Fire	st Name			MI	Last Name				

B. CONTACT INFORMATION, if different from the account owner's contact information in Section 1B. Mailing Address (COMPLETE STREET ADDRESS INCLUDING APARTMENT # OR P.O. BOX)

State Zip Code
Cell or Secondary Telephone

3. BENEFICIARY

The beneficiary is the student who will use the plan.

Beneficiary First Nam		MI Last	Name		
Beneficiary Social Sec	curity Number	Beneficiar Month	Date of Birth		
Beneficiary Mailing A	ddress, if different from	account owner (COMPLI			NT # OR P.O. BOX)
City			State	Zip Code	
If the beneficiary	is a child , mark the a	ge or the grade of the	child as of Septembe	r 1, 2012 below:	
a- 🔲 Newborn *	b- 🔲 Infant **	c- 🔲 1 year old	d- 🔲 2 years old	e- 🔲 3 years old	f- 🔲 4 years old
K- 🔲 Kindergarten	1- 🔲 First Grade	2- 🔲 Second Grade	3- 🔲 Third Grade	4- 🔲 Fourth Grade	5- 🔲 Fifth Grade
6- 🔲 Sixth Grade	7- 🔲 Seventh Grade	8- 🔲 Eighth Grade	9- 🔲 Ninth Grade	10- 🔲 Tenth Grade	11- 🔲 Eleventh Grade
* Newborn: Child born after September 1, 2012. ** Infant: Child born on/before September 1, 2012, but who is not yet 1 year old.					
If the beneficiary is 18 years old or older, or in the 12th grade, provide the projected college enrollment year:					
Optional: Beneficiar	y Gender 1- 🔲 MALE	2- 🔲 FEMALE			
Optional: Beneficiar	y Race 1- 🔲 WHITE	2- 🗋 BLACK 3- 🗋	HISPANIC 4-	ATIVE AMERICAN 5-	ASIAN 6- OTHER

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.



4.	Continued FLORIDA 529 SAVINGS PLAN	
Β.	APPLICATION FEE AND INITIAL CONTRIB	UTION*— Attach a CHECK OR MONEY ORDER PAYABLE TO: Florida 529 Savings Pla
		\$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 OR authorize automatic contributions of at least \$25 p (If only authorizing automatic contributions, do not en *The application fee is nonrefundable. 	per month in Section 4C.
C.		
D.	 ROLLOVERS* — Complete only if you are funding y Another 529 Plan U.S. Savings Bond 	your Savings Plan with a rollover contribution. Mark the type of rollover below: Coverdell Education Savings Account UGMA/UTMA ACCOUNT: State of
		Florida 529 Savings Plan, you MUST submit the rollover contribution and the e principal amount and the earnings portion of the contribution: ributing 529 program.
		ent 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