5. FLORIDA PREPAID COLLEGE PLAN

B. RESIDENCY REQUIREMENT — The beneficiary or the parent/guardian of the beneficiary must have been a Florida resident for the

last 12 consecutive months. Proof of Florida residency **MUST** be attached to this application.

A COPY OF ANY ONE OF THE FOLLOWING DOCUMENTS WILL BE ACCEPTED:

- Florida driver's license, for the parent listed below, issued at least one year ago. Copy of front and back.
- Proof of full-time Florida employment, for the parent listed below, for the last 12 consecutive months.
- Florida report card or attendance report, for the beneficiary, from the 2010-2011 school year. Current year will not be accepted.
- If the beneficiary is less than 1 year old, a copy of his/her Florida birth certificate.
- Military leave and earnings statement listing Florida as home of record, Florida voter registration card, Florida vehicle registration **OR** Florida homestead exemption certificate, for the parent listed below, from at least one year ago.

Parent/Guardian First Name	MI	Last Name

NOTE: Divorced parents who are Florida residents applying for their non-resident child must also submit a copy of their divorce decree or the beneficiary's birth certificate.

C. APPLICATION FEE — Attach a check or money order for the required application fee. Select ONE of the conditions below and enter the amount to the right. The application fee is nonrefundable. AMOUNT DUE:

Continued

- **\$50 STANDARD FEE:** Enter **\$50.00** if the account owner in Section 2 does **not** already have a **Florida College Investment Plan** for this **same** beneficiary (student).
- OR \$30 CURRENT CUSTOMER DISCOUNT: Enter \$30.00 if the account owner already has a Florida College Investment Plan for this same beneficiary (student), and provide the account number below:

Florida College Investment Plan Account Number

NOTE: Do **not** enter \$30.00 if you are also opening a Florida College Investment Plan with this application. If enrolling in both Plans, a discount will be applied on page 6 of this application.

MAKE CHECK OR MONEY ORDER PAYABLE TO: Florida Prepaid College Plan

NOTE: You **cannot** authorize automatic (electronic) payments from a bank account to the Florida Prepaid College Plan with this application. You will receive a separate form once enrolled.

D. 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 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 Prepaid College Plan Master Covenant, and consent to the policies, terms and conditions of the Florida Prepaid College Plan and the Master Covenant. I understand that the Florida Prepaid College Plan Master Covenant, which is incorporated into this application by reference, as it relates to enrollment in the Florida Prepaid College Plan, constitutes a legally binding agreement between me and the Florida Prepaid College 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 Prepaid College Plan and the Master Covenant 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 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**:

6.	6. FLORIDA COLLEGE INVESTMENT PLAN To open a F	Florida College Investment Plan, complete Sections 6A-6E.
Α.	A. APPLICATION FEE AND INITIAL CONTRIBUTION - Attach a	check or money order for the following:
	1. APPLICATION FEE. The application fee is nonrefundable. Select ONE of the conditions below and	d enter the amount to the right:
	\$50 STANDARD FEE: Enter \$50.00 if opening only a Florida College Investment Plan.	
	OR \$30 COMBINATION APPLICATION FEE: Enter \$30.00 if opening both a Florida College Investment Plan and	a Florida Prepaid College Plan.
	OR \$30 CURRENT CUSTOMER DISCOUNT: Enter \$30.00 if this same account owner already has a Florida Prepaid for this same beneficiary (student), and provide the account number be	College Plan
	Florida Prepaid College Plan Account Number	
	2. INITIAL CONTRIBUTION. Enter an initial contribution of at least \$250.00 to the OR authorize automatic contributions of at least \$25 per month in Section 6B. (If only authorizing automatic contributions, do not enter amount in boxes to the	
	ΤΟΤ	
	MAKE CHECK OR MONEY ORDER PAYABLE TO: Florida College Investment F	Plan
R	B. AUTOMATIC CONTRIBUTIONS — To authorize automatic (electronic) co	
D.	1. Attach a voided check or pre-printed deposit slip for the bank account from which	
		h of each month \Box 1st and 15th of each month
	\$	
	3. Provide amount of withdrawal from this bank account each month:	
	4. Select type of bank account. (Select ONE): Checking Account	Savings Account
C.	C. ROLLOVERS* — Complete only if you are funding your Investment Plan with a	a rollover contribution. Mark the type of rollover below:
	🗋 Another 529 Plan 🛛 🗋 U.S. Savings Bond 🔹 🗋 Coverdell Education	on Savings Account
	UTMA/UGMA ACCOUNT: If you are funding your account with a transfer from a the custodian and will maintain this account for the minor beneficiary pursuant to the	n UTMA/UGMA account, mark here to acknowledge that you are 9 Uniform Gifts/Transfers to Minors Act in the State of
	*Refer to the Application Instructions for the required documentation.	
D.	D. INVESTMENT OPTION(S) — Indicate below, in percentages, how yo contributions to one or any combination of the investment options below. Refer to the E SELECT YOUR INVESTMENT OPTION(S)	Disclosure Statement for more information. ALLOCATION
	Fixed Income Investment Option	
	U.S. Equity Investment Option	
	Balanced Investment Option	
	Age Based/Years To Enrollment Investment Option	
	Money Market Investment Option	
		100% (ALLOCATION MUST TOTAL 100%)

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 College Investment Plan Disclosure Statement and Participation Agreement, and consent to the policies, terms and conditions of the Florida College Investment 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 College Investment 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 College Investment Plan and the Florida Prepaid College Board. I understand that the policies, terms and conditions of the Florida College Investment 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 College Investment Plan and investing my funds in the investment options involves 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 College Investment 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 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



REFER TO THESE INSTRUCTIONS FOR THE NEW ACCOUNT APPLICATION. TO ENROLL ONLINE, VISIT MYFLORIDAPREPAID.COM.

 You may use this application to open a new Florida Prepaid College Plan, a new Florida College Investment Plan or both for the same beneficiary (student). However, you must complete a separate application for each beneficiary. Please refer to the Enrollment Kit for information about the Florida Prepaid College Plan and the Florida College Investment Plan options, features and policies. All information is required unless the information requested is not applicable to you or is designated as "Optional."

Return your completed application, check(s) or money order(s), and any required documentation to: Florida Prepaid College Board, P.O. Box 6448, Tallahassee, FL 32314-6448. You will receive written confirmation within four weeks.

For information or assistance, call 1-800-552-GRAD (4723) or visit myfloridaprepaid.com.

2. To enroll only in the FLORIDA PREPAID COLLEGE PLAN:

Complete Sections 1, 2, 3, 4 and 5.

- Attach the required Florida residency documentation listed in Section 5B.
- Attach a check or money order, made payable to Florida Prepaid College Plan, for the application fee listed in Section 5C.
- $\hfill\square$ Initial and sign the application in Section 5D.

3. To enroll only in the FLORIDA COLLEGE INVESTMENT PLAN:

Complete Sections 1, 2, 3, 4 and 6.

- Select investment option(s) by indicating how you want to allocate your contributions in Section 6D. Your initial contribution and future contributions will be allocated based on the investment option(s) selected.
- Attach a check or money order, made payable to Florida College Investment Plan, for the total amount due in Section 6A.
- 🖵 If authorizing automatic (electronic) contributions, please attach a voided check or a pre-printed deposit slip.

□ Initial and sign the application in Section 6E.

4. To enroll in **both** the **FLORIDA PREPAID COLLEGE PLAN** and the **FLORIDA COLLEGE INVESTMENT PLAN**:

Complete Sections 1-6.

- □ Attach the required Florida residency documentation listed in Section 5B.
- Select investment option(s) by indicating how you want to allocate your contributions to the College Investment Plan in Section 6D. Your initial contribution and future contributions will be allocated based on the investment option(s) selected.
- Submit two separate checks or money orders. (1) Made payable to: Florida Prepaid College Plan for the \$50 application fee and (2) a second check made payable to: Florida College Investment Plan for the total amount due in Section 6A.

If authorizing automatic (electronic) contributions for the Florida College Investment Plan, please attach a voided check or a pre-printed deposit slip.
 Initial and sign the application in Sections 5D and 6E.

- 5. If you are opening a Florida Prepaid College Plan and/or a Florida College Investment 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:
 - $\hfill\square$ For a corporation, association or partnership: Certificate of status or existence.
 - Generation of the second secon
 - □ 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 UTMA/UGMA 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.
- 6. If you are making a **ROLLOVER CONTRIBUTION** to the Florida College Investment 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.

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

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

NOTE: Rollovers to the Florida Prepaid College Plan are not allowed.

7. Your application and check(s) or money order(s) will be returned to you if (1) you do not initial and sign the application; (2) you do not include the account owner's social security number or tax identification number; (3) you do not include the beneficiary's social security number or the co-purchaser's social security number if co-purchaser information has been provided; (4) you are opening a Florida College Investment Plan and do not select investment option(s) or your total allocation does not equal 100 percent; (5) you are opening a Florida College Investment Plan and select the Age Based/Years to Enrollment Investment Option, but do not submit documentation substantiating the legal status of the entity; or (7) you are opening an account on behalf of a business, organization or trust, but do not submit the rollover contribution and documentation showing both the principal amount and the earnings portion of the contribution. If your application is incomplete for any other reason, you will receive a correction letter requesting the missing information. If your check is returned for insufficient funds, you will be charged a \$20 insufficient funds fee.

For more information, call 1-800-552-GRAD(4723) or visit myfloridaprepaid.com.

Form FPCB 2012-01, adopted by reference in Rules 19B-4.001 and 19B-16.002, F.A.C. - 1 of 6 -

1. TYPE OF ACCOUNT

Select the type of account you are opening:

O PREPAID PLAN*

O INVESTMENT PLAN

*If you already have a Florida Prepaid College Plan and want to add a Florida Prepaid tuition differential fee plan, Florida Prepaid local fee plan and/ or Florida Prepaid dormitory plan, do **not** use this application. Applications are available at myfloridaprepaid.com or call 1-800-552-GRAD (4723).

2. 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 2A below.

Α.	INDIVIDUAL	Account Owner Social Security Number
	Mr. Mrs. Ms. Dr.	
	Account Owner First Name MI Last Name	
	BUSINESS/ORGANIZATION/TRUST*	Business/Organization/Trust Tax ID Number
	Name of Business/Organization/Trust	
	Authorized Representative of Business/Organization/Trust	Mr. 🔲 Mrs. 🔲 Ms. 🛄 Dr.
	First Name MI Last Name	
	* A business, organization or trust must submit additional documentation. Refer to the	e Application Instructions for the required documentation.
Β.	CONTACT INFORMATION – Individual Account Owner or Authoriz	zed Representative of Business/Organization/Trust
	Mailing Address (COMPLETE STREET ADDRESS INCLUDING APARTMENT # OR P	2.O. BOX)
	City	
	Home Telephone Work Telephon	
	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/MAGAZINE 6- NEWSPAPER INSERT 7- TV 8- RADIO 9- FINANCIAL ADVISOR 10- MYFLORIDAPREPAID.COM 11- WEB SITE 12- OTHER

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
------------------------	--------------	------------	-------	---------------

3. SURVIVOR (CO-PURCHASER/CONTINGENT BENEFACTOR)

The survivor becomes the account owner upon death of the account owner in Section 2. 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, or an entity such as a business, organization or trust organized under the laws of the United States. 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. **Indicate if the survivor is an individual OR a business/organization/trust by completing the appropriate part of Section 3A below.**

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 Social Security Number
	Mr. Mrs. Ms. Dr.
	Survivor First Name MI Last Name
	BUSINESS/ORGANIZATION/TRUST* Business/Organization/Trust Tax ID Number
	Name of Business/Organization/Trust
	Authorized Representative of Business/Organization/Trust Image: Mrs. Image: Mrs. <th< th=""></th<>
	*A business, organization or trust must submit additional documentation. Refer to the Application Instructions for the required documentation.
П	
Β.	CONTACT INFORMATION , if different from the account owner's contact information in Section 2B. Mailing Address (COMPLETE STREET ADDRESS INCLUDING APARTMENT # OR P.O. BOX)
	Home Telephone Work Telephone
	Home Telephone Work Telephone Or Control Contr
	E-Mail Address
4.	BENEFICIARY
	beneficiary is the student who will use the plan.
ine	Beneficiary First Name MI Last Name
	Beneficiary Social Security Number Beneficiary Date of Birth Beneficiary Date of Birth
	Month Day Year
	Beneficiary Mailing Address, if different from account owner (COMPLETE STREET ADDRESS INCLUDING APARTMENT # OR P.O. BOX)
	If the herefinitery is a shild much the second of the shild of a feature in the large of the shild of the second o
	If the beneficiary is a child, mark the age or the grade of the child as of September 1, 2011 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, 2011. ** Infant: Child born on/before September 1, 2011, 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: Beneficiary Gender 1- MALE 2- FEMALE INVESTMENT PLAN ONLY
	Optional: Beneficiary Race 1- WHITE 2- BLACK 3- HISPANIC 4- NATIVE AMERICAN 5- ASIAN 6- OTHER
	- 3 of 6 -

5. FLORIDA PREPAID COLLEGE PLAN

To open a Florida Prepaid College Plan, complete Sections 5A-5D.

A. PLANS — To enroll in the Florida Prepaid College Plan, please complete this part of the application. Mark the prepaid plan you want to purchase and indicate your payment choice. If you enroll in a dormitory plan, select a payment choice for that plan. You can purchase the optional dormitory plan now, or later.

PLAN OPTIONS

May only be purchased for a child who is entering the 11th grade or below during the 2011 - 2012 school year.

