



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 529 Savings 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 529 Savings 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.
	☐ Initial and sign the application in Section 5D.
3.	To enroll only in the FLORIDA 529 SAVINGS 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 529 Savings 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 529 SAVINGS 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 Florida 529 Savings 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 529 Savings Plan for the total amount due in Section 6A.
	☐ If authorizing automatic (electronic) contributions for the Florida 529 Savings Plan, please attach a voided check or a pre-printed deposit slip.
	$f\square$ Initial and sign the application in Sections 5D and 6E.
5.	If you are opening a Florida Prepaid College Plan and/or 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.
	☐ 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 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 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 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

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

social security number or tax identification number; (3) you do not include the beneficiary's social security number or the survivor's social security number if survivor information has been provided; (4) you are opening a Florida 529 Savings Plan and do not select investment option(s) or your total allocation does not equal 100 percent; (5) you are opening a Florida 529 Savings Plan and select the Age Based/Years to Enrollment Investment Option, but do not provide the beneficiary's date of birth or projected college enrollment year; (6) you are opening an account on behalf of a business, organization or trust, but do not submit documentation substantiating the legal status of the entity; or (7) you are funding your Florida 529 Savings Plan with a rollover, 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

funds fee.

1. TYPE OF ACCOUNT

Select the type of account you are opening:

O PREPAID PLAN*

O 529 SAVINGS 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.

A.	INDIVIDUAL Mr Mrs Ms Dr. Account Owner First Name	count Owner Social Security Number
	BUSINESS/ORGANIZATION/TRUST* Name of Business/Organization/Trust Authorized Representative of Business/Organization/Trust First Name MI Last Name * A business, organization or trust must submit additional documentation. Refer to the Ap	isiness/Organization/Trust Tax ID Number
В.	CONTACT INFORMATION — Individual Account Owner or Authorized R Mailing Address (COMPLETE STREET ADDRESS INCLUDING APARTMENT # OR P.O. E City State Home Telephone Work Telephone E-Mail Address	
	Optional: How did you hear about the program? 1-	11-
OF	FFICE 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		
	First Name MI Last Name		
	*A business, organization or trust must submit additional documentation. Refer to the Application Instructions for the required documentation.		
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В.	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)		
	City State Zip Code		
	Home Telephone Work Telephone		
	E-Mail Address		
4.	BENEFICIARY		
The	peneficiary is the student who will use the plan.		
	Beneficiary First Name MI Last Name		
	Beneficiary Social Security Number Beneficiary Date of Birth		
	Month Day Year Beneficiary Mailing Address, if different from account owner (COMPLETE STREET ADDRESS INCLUDING APARTMENT # OR P.O. BOX)		
	Beneficiary Mailing Address, it different from account owner (COMPLETE STREET ADDRESS INCLUDING APARTMENT # OR P.O. BOA)		
	City State Zip Code		
	If the beneficiary is a child, mark the age or the grade of the child as of September 1, 2012 below:		
a- 🔲 Newborn * b- 🛄 Infant ** c- 🛄 1 year old d- 🛄 2 years old e- 🛄 3 years old f- 🛄 4 years ol			
	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: Beneficiary Gender 1- MALE 2- FEMALE SAVINGS PLAN ONLY		
	Optional: Beneficiary Race 1- WHITE 2- BLACK 3- HISPANIC 4- NATIVE AMERICAN 5- ASIAN 6- OTHER		

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 2012 - 2013 school year.

PREPAID PLANS	2-YEAR FLORIDA COLLEGE PLAN This plan prepays the registration fees and local fees for 60 lower division semester credit hours at a Florida College (community college).	4-YEAR FLORIDA COLLEGE PLAN This plan prepays the registration fees and local fees for 60 lower division semester credit hours at a Florida College (community college) and for 60 upper division semester credit hours at a Florida College (community college).	2 + 2 FLORIDA PLAN This plan prepays the registration fees and local fees for 60 lower division semester credit hours at a Florida College (community college) and the registration fees, tuition differential fee and local fees for 60 semester credit hours at a State University.	4-YEAR FLORIDA UNIVERSITY PLAN This plan prepays the registration fees, tuition differential fee and local fees for 120 semester credit hours at a State University.
	Monthly Payment Plan (Monthly until child starts college) 5-Year Payment Plan (55 monthly payments) Lump-Sum Payment Plan	□ Monthly Payment Plan (Monthly until child starts college) □ 5-Year Payment Plan (55 monthly payments) □ Lump-Sum Payment Plan	Monthly Payment Plan (Monthly until child starts college) 5-Year Payment Plan (55 monthly payments) Lump-Sum Payment Plan	Monthly Payment Plan (Monthly until child starts college) 5-Year Payment Plan (55 monthly payments) Lump-Sum Payment Plan
DORMITORY PLAN			UNIVERSITY DO	PRMITORY PLAN
	Not available for purchase with the 4-Year Florida College Plan or the 2-Year Florida College Plan		1-Year Plan (Two Semesters) 2-Year Plan (Four Semesters)	1-Year Plan (Two Semesters) 2-Year Plan (Four Semesters) 3-Year Plan (Six Semesters) 4-Year Plan (Eight Semesters)
DORMITORY UNIVERSITY DORMIT PAYMENT PLAN				
	Not available for purchase with the 4-Year Florida College Plan or the 2-Year Florida College Plan		☐ Monthly Payment Plan (Monthly until child starts college) ☐ 5-Year Payment Plan (55 monthly Payment Plan) ☐ Lump-Sum Payment 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 2011-2012 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/Gua	dian First Name MI Last Name	
	NOTE: Divo	ced 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 amount to the right. The application fee is nonrefundable. AMOUNT DUE To The Amount DUE AMOUNT DUE To The Amount DUE The Amount DUE			
	\$50	STANDARD FEE: Enter \$50.00 if the account owner in Section 2 does not already have a Florida 529 Savings Plan for this same beneficiary (student).	
	OR \$30	CURRENT CUSTOMER DISCOUNT: Enter \$30.00 if the account owner already has a Florida 529 Savings Plan for this same beneficiary (student), and provide the account number below:	
	Florida 52	9 Savings Plan Account Number	
	NOTE: Do not enter \$30.00 if you are also opening a Florida 529 Savings 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 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:

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

D. FLORIDA 329 SAVINGS FLAIN To oper	n a Florida 529 Savings Plan, complete Sections 6A-6E.
A. APPLICATION FEE AND INITIAL CONTRIBUTION	f V — Attach a check or money order for the following:
 APPLICATION FEE. The application fee is nonrefundable. Select ONE of the condition 	ons below and enter the amount to the right:
\$50 STANDARD FEE:	
Enter \$50.00 if opening only a Florida 529 Savings Plat OR \$30 COMBINATION APPLICATION FEE:	
Enter \$30.00 if opening both a Florida 529 Savings Plat OR \$30 CURRENT CUSTOMER DISCOUNT:	n and a Florida Prepaid College Plan.
Enter \$30.00 if this same account owner already has a Flo for this same beneficiary (student), and provide the accou	orida Prepaid College Plan nt 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 (If only authorizing automatic contributions, do not enter an amour	Section 6B.
	TOTAL AMOUNT DUE: \$
MAKE CHECK OR MONEY ORDER PAYABLE TO: Florida 529 Sav	ings Plan
3. AUTOMATIC CONTRIBUTIONS — To authorize automati	c (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	
2. Select frequency of withdrawals (Select ONE): 1st of each mo	nth 15th of each month 1st and 15th of each month
${\bf 3.}\ Provide\ amount\ of\ with drawal\ from\ this\ bank\ account\ each\ month:$	▶
4. Select type of bank account. (Select ONE):	g Account Savings Account
C. 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 ☐ Cove	rdell Education Savings Account
☐ UTMA/UGMA ACCOUNT: If you are funding your account with a t the custodian and will maintain this account for the minor beneficiary p	ransfer from an UTMA/UGMA account, mark here to acknowledge that you are oursuant to the Uniform Gifts/Transfers to Minors Act in the State of
*Refer to the Application Instructions for the required documentation	
 INVESTMENT OPTION(S) — Indicate below, in percentages, h to one or any combination of the investment options below. Refer to the D 	now you want to allocate your contributions. You may allocate your contributions
SELECT YOUR INVESTMENT OPTION(S)	ALLOCATION
Fixed Income Investment Option	%
U.S. Equity Investment Option	%
Balanced Investment Option	□□□% tion □□□%
Age Based/Years To Enrollment Investment Op Money Market Investment Option	Tion
money market investment option	100 %(ALLOCATION MUST TOTAL 100%)
E. ACCOUNT OWNER AUTHORIZATION AND SIGN	NATURE
By signing and initialing below, I certify that (1) all the information prov Prepaid College Board with this application is true, complete and cor 18 years old; (3) if I am signing on behalf of, a business, organization or	vided on this application and on the documentation furnished to the Florida rect; (2) I am a citizen or resident alien of the United States, and I am at least trust organized under the laws of the United States, I am authorized to make on behalf of such business, organization or trust; and (4) the survivor and the
 I have read and understand the Florida 529 Savings Plan Disclosure terms and conditions of the Florida 529 Savings Plan and the Partic is incorporated into this application by reference, as it relates to eragreement between me and the Florida Prepaid College Board. I 	Statement and Participation Agreement, and consent to the policies, cipation Agreement. I understand that the Participation Agreement, which nrollment in the Florida 529 Savings Plan, constitutes a legally binding understand that the policies, terms and conditions of the Florida 529 rom time to time without prior notice, and I understand and agree that I will
deposited in the account, and investments in the Florida 529 Saving State of Florida, the United States government, the Florida Prepai governmental agency or financial institution. INITIALS:	nderstand that I could lose all funds, including any earnings on those funds, gs Plan are not deposits or obligations of, or insured or guaranteed, by the d College Board, the Federal Deposit Insurance Corporation, or any other
 I understand that the survivor's agreement will be required for all of termination of accounts, and refund requests associated with invol 	changes of account owner, survivor and beneficiary, requests for voluntary untarily terminated accounts. INITIALS:
Signature of Account Owner or Authorized Representative of Busines Return your application, check or money order, and any required documental	-

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