

Florida Prepaid College Plan Transfer Form

	Name of Current Account Owner or Authorized Representative Of Business/Organization/Trust
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	Plan Number
	Name of Beneficiary (Student)
Following is information about using your prepaid plan at an out-of-institution.	-state college, private Florida college or other eligible educational
ELIGIBLE EDUCATIONAL INSTITUTIONS: The Florida Prepaid defined in s. 529 of the Internal Revenue Code. To view a list of el	
	beneficiary must complete and mail this form to: Florida Prepaid r FAX to: 850-309-1766. Please allow four weeks for processing. If 23) and press prompt 2.
PAYMENT OPTIONS: Select one of the payment options listed below	ow.
RESTRICTED PAYMENT OPTION — I authorize the Flor educational institution listed below. The Prepaid Plan will	rida Prepaid College Plan to transfer my prepaid plan(s) to the not be responsible for any balance due. I understand:
average rate payable for 15 credit hours at Florida's public	e Florida Prepaid College Plan will pay a dollar amount up to the colleges or universities under the beneficiary's plan. OR
 If invoiced for the tuition and fees by credit hour <u>and</u> dollar credit hours invoiced at the average rate payable for a credit beneficiary's plan. 	amount, the Florida Prepaid College Plan will pay the total number of lit hour at Florida's public colleges or universities under the
UNRESTRICTED PAYMENT OPTION— I authorize the F educational institution listed below. The Prepaid Plan will	Florida Prepaid College Plan to transfer my prepaid plan to the not be responsible for any balance due. I understand:
	amount invoiced up to the total plan value. By selecting this option, I se out-of-state colleges and private Florida colleges are usually more
If you have a dormitory plan, the Florida Prepaid College Plan will payable to Florida's public colleges or universities under your prepless.	pay one semester of dormitory per term at the average dormitory rate aid plan or the actual amount invoiced by the school, whichever is
The college must submit an invoice to the Florida Prepaid College P the college you have selected and will pay the college directly until y	lan each semester. The Prepaid Plan will send payment instructions to our prepaid plan is depleted.
Name of Educational Institution:	City/State:
ACCOUNT OWNER OR BENEFICIARY SIGNATURE – REQUIRE	ED DATE

Customer Information: