



IMPORTANT! YOU MAY ENROLL IN THE FLORIDA PREPAID COLLEGE PLAN NOW, BUT YOU WILL BE SUBJECT TO THE PRICES EFFECTIVE OCTOBER 2008. YOU MAY ENROLL IN THE FLORIDA COLLEGE INVESTMENT PLAN YEAR-ROUND.

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 enclosed Application Instructions. For information, call 1-800-552-GRAD (4723) or visit www.florida529plans.com.

To enroll online, visit www.florida529plans.com/SignUpToday.

| | To enroll offline, visit www.florida523plaffs.com/5lgflopToday. |
|------------|--|
| | TYPE OF ACCOUNT |
| Sel | ect the type of account you are opening: O Prepaid Plan* O Investment Plan |
| | ou already have a Florida Prepaid tuition plan and want to add a Florida Prepaid local fee plan and/or Florida Prepaid dormitory plan, not use this application. Applications are available at www.florida529plans.com/SignUpToday or call 1-800-552-GRAD (4723). |
| 2. | ACCOUNT OWNER |
| esi ınd | e account owner is the person or entity opening the account. The account owner must be an individual who is a citizen or ident alien of the United States and is 18 years of age or older, or an entity such as a business, organization or trust organized der the laws of the United States. Indicate whether the account owner is an individual OR a business/organization/trust by impleting the appropriate part of Section 2A below. |
| ۹. | Individual Account Owner Social Security Number |
| | ☐ Mr. ☐ Mrs. ☐ 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 |
| | First Name MI Last Name |
| | |
| | * A business, organization or trust must submit additional documentation. Refer to the Application Instructions for the required documentation. |
| 3. | 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 Telephone Work Telephone |
| | E-Mail Address |
| | |
| | Optional: How did you hear about the program? 1- I AM A CUSTOMER 2- I FRIEND/FAMILY 3- I WORK 4- I SCHOOL |
| | 5- NEWSPAPER/MAGAZINE 6- TV 7- RADIO 8- FINANCIAL ADVISOR 9- www.florida529plans.com 10- WEB SITE 11- 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 |
| _ | |
| | Tracking # 10 |

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|----|------------|---------------|----|---|---|
| J. | \sim 10. | IRV | IW | U | Ā |

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.

| ۵. | Individual | | | Survivor Social Security Number | |
|-----|--|-------------------|-----------------------------------|--|--------------------|
| | ☐ Mr. ☐ Mrs. ☐ I | Ms. 🖵 D | r. | | |
| | Survivor First Name | | MI Last Name | | |
| | Business/Organization/T | rust* | | Business/Organization/Trust Tax ID Nur | mber |
| | Name of Business/Organization/Trust | | | | |
| | | | | | |
| | Authorized Representative of B | susiness/Orga | | ☐ Mr. ☐ Mrs. ☐ Ms. | ∟ Dr. |
| | First Name | | MI Last Name | | |
| | | | | | |
| | * A business, organization or trust n | nust submit addi | tional documentation. Refer to | the Application Instructions for the requi | red documentation. |
| В. | Contact Information, if diffe | erent from the | account owner's contact | information in Section 2B. | |
| | Mailing Address (COMPLETE STREET A | DDRESS INCLUD | ING APARTMENT # OR P.O. BOX | | |
| | | | | | |
| | | | | | |
| | City | | | State Zip Code | |
| | | | | | |
| | Home Telephone | | Work Telephor | | |
| | | | | | |
| | E-Mail Address | | | | |
| | | | | | |
| 1. | BENEFICIARY | | | | |
| Γhe | beneficiary is the student who wil | l use the plan. | | | |
| | Beneficiary First Name | | MI Last Name | | |
| | | | | | |
| | Beneficiary Social Security Number | | Beneficiary Date of Bir | th / | |
| | Basefician Matters Address (1879) | | Month Day | Year | |
| | Beneficiary Mailing Address, if different fi | rom account owner | COMPLETE STREET ADDRESS | S INCLUDING APARTMENT # OR P.O. BOX) | |
| | | | | | |
| | | | | | |
| | City | | | State Zip Code | |
| | If the beneficiary is a child, r | nork the age or | the grade of the shild as of S | entember 1 2007 below: | |
| | a- Newborn * b- In | | | 2 years old e- 🔲 3 years old | f - ☐ 4 years old |
| | K- Kindergarten 1- Fi | st Grade | | ☐ Third Grade 4- ☐ Fourth Grade | 5- 🔲 Fifth Grade |
| | 6- Sixth Grade 7- Se | eventh Grade | 8- 🔲 Eighth Grade 9- | ☐ Ninth Grade 10- ☐ Tenth Grade | 11- Eleventh Grade |
| | * Newborn: Child born after Septe | mber 1, 2007. | ** Infant: Child born on/bet | fore September 1, 2007, but who is not | yet 1 year old. |
| | | | | rovide the projected college enrollme | nt year: |
| | Optional: Beneficiary Bace 1- | _ | ☐ FEMALE ☐ BLACK 3- ☐ HISPANIC | 4- I NATIVE AMERICAN 5- I ASIA | N 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 tuition plan you want to purchase and indicate your payment choice. Under each tuition plan, there are other plan options to help you save for additional college costs. If you enroll in any of the additional options, select a payment choice for that plan.

| Tuition Plan May only be purchased for a child who is currently in the eleventh grade or younger | | | |
|---|---|---|---|
| Tuition Plan | 4-Year University Tuition Plan (120 University Undergraduate Credit Hours) | 2+2 Tuition Plan (60 Community College/60 University Undergraduate Credit Hours) | 2-Year Community College Tuition Plan (60 Community College Credit Hours) |
| Covers registration fee, which includes tuition, building, capital improvement and financial aid fees, charged by Florida's public universities and community colleges. | Lump-Sum Payment Plan 5-Year Payment Plan (55 monthly payments) Monthly Payment Plan (Monthly until child starts college) | Lump-Sum Payment Plan 5-Year Payment Plan (55 monthly payments) Monthly Payment Plan (Monthly until child starts college) | Lump-Sum Payment Plan 5-Year Payment Plan (55 monthly payments) Monthly Payment Plan (Monthly until child starts college) |

| Other Plan Options May only be purchased for a child who is currently in the eighth grade or younger | | | |
|---|---|---|---|
| Local Fee Plan | 4-Year University Local Fee Plan (120 University Undergraduate Credit Hours) | 2+2 Local Fee Plan (60 Community College/60 University Undergraduate Credit Hours) | 2-Year Community College Local Fee Plan (60 Community College Credit Hours) |
| Covers only the student activity and service, health and athletic fees imposed by state universities, and student activity and technology fees imposed by state community colleges. | □ Lump-Sum Payment Plan □ 5-Year Payment Plan (55 monthly payments) □ Monthly Payment Plan (Monthly until child starts college) | Lump-Sum Payment Plan 5-Year Payment Plan (55 monthly payments) Monthly Payment Plan (Monthly until child starts college) | Lump-Sum Payment Plan (Only payment option available) |
| Tuition Differential Fee Plan | 4-Year University Tuition Differential Fee Plan (120 University Undergraduate Credit Hours) | 2+2 Tuition Differential Fee Plan (Only 60 University Undergraduate Credit Hours) | |
| Covers the supplemental fee charged to a student for instruction provided by a public university in the state pursuant to Section 1009.24 (15) Florida Statutes. | Lump-Sum Payment Plan 5-Year Payment Plan (55 monthly payments) Monthly Payment Plan (Monthly until child starts college) | Lump-Sum Payment Plan 5-Year Payment Plan (55 monthly payments) Monthly Payment Plan (Monthly until child starts college) | (Not available) |
| Dormitory Plan | Select a University Dormitory Plan | Select a 2+2 Dormitory Plan | |
| Covers the cost of a standard, double-occupancy, airconditioned dormitory room. | 1-Year Plan (Two Semesters) 2-Year Plan (Four Semesters) 3-Year Plan (Six Semesters) 4-Year Plan (Eight Semesters) | ☐ 1-Year Plan (Two Semesters) ☐ 2-Year Plan (Four Semesters) | (Not available) |
| | Select a University Dormitory Payment Plan | Select a 2+2 Dormitory Payment Plan | |
| | □ Lump-Sum Payment Plan □ 5-Year Payment Plan (55 monthly payments) □ Monthly Payment Plan (Monthly until child starts college) | □ Lump-Sum Payment Plan □ 5-Year Payment Plan (55 monthly payments) □ Monthly Payment Plan (Monthly until child starts college) | |

FLORIDA PREPAID COLLEGE PLAN

Continued

B. Residency Requirement — The beneficiary or the parent/guardian of the beneficiary must have been a Florida resident for the last 12 consecutive months. You **MUST** attach proof of Florida residency 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 2006-2007 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/Guardia | an First Name MI Last Name |
|----|----------------|---|
| | | |
| | NOTE: Divorced | d 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 | Pn Fee — Attach a check or money order for the required application fee. Select ONE of the conditions below and enter an |
| | | amount to the right. The application fee is nonrefundable. AMOUNT DUE: |
| | \$50 | STANDARD FEE: Enter \$50.00 if the account owner in Section 2 does not already have a |
| | | Florida College Investment Plan for this <u>same</u> 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 <u>not</u> 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 4 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:

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

| 6. | FLORIDA COLLEGE INVESTMENT PLAN To open a Florida College Investment Plan, complete Sections 6A-6D. |
|------------|---|
| ۹. | 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 Disclosure Statement for more information. INVESTMENT OPTION 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%) |
| В. | 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 enter an 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 College Plan for this same beneficiary (student), and provide the account number below: Florida Prepaid Tuition 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 6C. (If authorizing automatic contributions, do not enter amount in boxes to the right.) |
| | AMOUNT DUE: \$,, |
| | MAKE CHECK OR MONEY ORDER PAYABLE TO: Florida College Investment Plan |
| _ | Automatic Contributions — To authorize automatic (electronic) contributions from a bank account to the Florida College Investment Plan: |
| U . | Automatic Contributions — To authorize automatic (electronic) contributions from a bank account to the Florida College investment Plan: 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 1 1st and 15th of each month |
| | 3. Provide amount of withdrawal from this bank account each month: \$, (\$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 Investment Plan with a rollover contribution. Mark the type of rollover below: Another 529 Plan U.S. Savings Bond Coverdell Education Savings Account |
| | UTMA/UGMA: If you are funding your account with a transfer from an UTMA/UGMA, mark here to acknowledge that you are the custodian and will maintain this account for the minor beneficiary pursuant to the Uniform Gifts/Transfers to Minors Act in the State of |
| | * Refer to the Application Instructions for the required documentation. |
| Ε. | 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 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: |
| | |
| | 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 |

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Refer to these instructions for the New Account Application. To enroll online, visit www.florida529plans.com/SignUpToday.

- 1. To enroll only in the FLORIDA PREPAID COLLEGE PLAN:
 - Complete Sections 1, 2, 3, 4 and 5.
 - Provide the required Florida residency documentation listed in Section 5B.
 - Submit a check or money order, made payable to Florida Prepaid College Plan, for the \$50 application fee.*
 - Initial and sign the application in Section 5D.
 - * If you already have a Florida College Investment Plan for the same beneficiary (student), the application fee to add a Florida Prepaid College Plan is \$30.
- 2. 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 6A. Your initial contribution and future contributions will be allocated based on the investment option(s) selected.
 - Submit a check or money order, made payable to Florida College Investment Plan, for the \$50 application fee*, PLUS an initial
 contribution of at least \$250. Or, submit a check or money order for the \$50 application fee* AND authorize automatic contributions of
 at least \$25 per month in Section 6C.
 - Initial and sign the application in Section 6E.
 - * If you already have a Florida Prepaid College Plan for the same beneficiary (student), the application fee to add a Florida College Investment Plan is \$30.
- 3. To enroll in both the FLORIDA PREPAID COLLEGE PLAN and the FLORIDA COLLEGE INVESTMENT PLAN:
 - Complete Sections 1-6.
 - Provide 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 6A.
 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;
 (2) made payable to: Florida College Investment Plan for the \$30 application fee*, PLUS an initial contribution of at least \$250;
 or, (3) submit a check or money order for the \$30 application fee* AND authorize automatic contributions of at least \$25 per month in Section 6C.
 - Initial and sign the application in Sections 5D and 6E.
 - * If you are enrolling in both plans, the College Investment Plan application fee is only \$30.
- 4. 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:
 - 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.
- 5. 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.
 - 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.

- 6. All information is required unless the information requested is not applicable to you or is designated as "Optional."
- 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; (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 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 College Investment 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 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.
- 8. 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.
- Please refer to the Enrollment Kit for information about the Florida Prepaid College Plan and the Florida College Investment Plan options, features and policies.

For information or assistance, call 1-800-552-GRAD (4723) or visit www.florida529plans.com.