



Kentucky's Affordable Prepaid Tuition

Reimbursement Request Form

Use this form to request reimbursement of KAPT benefits for qualified higher education expenses such as room and board, books, supplies, and required equipment. For payment of tuition and fees, you should submit a KAPT Billing Authorization Form to the school billing office by the school's payment deadline each academic period. Please return this form after your beneficiary has enrolled, is attending classes, and you are aware of his/her exact charges. Please fax completed form to 502-696-7458 or mail to KAPT, P.O. Box 798, Frankfort, KY 40602-0798. Allow up to 4 weeks for receipt of payment.

1. Account Information: Account Owner's Name: _____
Beneficiary's Name: _____
KAPT Account Number: _____

2. Disburse the following amount from my KAPT account for qualified higher education expenses: \$ _____

3. Academic Term and Year: _____

4. Type of Reimbursement: (check item) Room & Board Books, Supplies & required equipment
Non "Direct Bill" School Other (list)

5. Account Owner Signature By signing below, I certify the following:

- The reimbursement requested is for qualified higher education expenses of my beneficiary to attend an eligible educational institution as defined by 26 U.S.C. Section 529 and were incurred during the current tax year.
The amount I have authorized my beneficiary's higher education institution to bill KAPT for tuition and fees plus my reimbursement request or requests do not exceed the total payout value of my account. (For information on your account payout value, please call 502-696-7613
I understand that I should retain current year receipts, invoices, or other information adequate to substantiate the qualified higher education expenses of my beneficiary in the event the Internal Revenue Service requires documented expenditures.
I understand that if my beneficiary uses more benefits in an academic year than the one-year payout value, my account will be depleted at a faster rate and my benefits may be exhausted in a lesser number of years than anticipated.
I have read the Account Owner's Guide to Using KAPT Benefits.

Account Owner Signature _____ Date _____

Electronic Payment Information (Completion required for each electronic payment request to KAPT account owner.)

Bank Name: _____ Account Type: (check one) Checking Savings

Routing Number: _____

Account Number: _____

Email Address: _____ Please provide your email address to receive confirmation of disbursement.

Please verify all bank information is correct. Inaccurate information will delay processing of your KAPT reimbursement request. I hereby authorize Kentucky's Affordable Prepaid Tuition (KAPT) to initiate accounting transactions to deposit the reimbursement requested on this form directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution to post these transactions to that account.

Account Owner Signature _____ Date _____