



*Kentucky's Affordable Prepaid Tuition*  
**Intent to Enroll Form**

Use this form to notify KAPT **only if the contract Beneficiary is attending an out-of-state college or university**. Upon receipt, KAPT will send confirmation of the school selection to the purchaser of the account. Notification of the beneficiary's intent to enroll will also be forwarded to the institution designated on this form. Payout rates for the 2009-2010 academic year will be mailed to the institution once they become available mid-summer.

**1. Current Beneficiary Information**

KAPT Account Number: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_

Beneficiary's SSN: \_\_\_\_\_

**2. School Information**

Out-of-State College/University: \_\_\_\_\_

City/State: \_\_\_\_\_

Term/Year of Attendance: \_\_\_\_\_

**3. Account Owner (or Beneficiary) Signature**

By signing below, I certify the following:

- The information provided above is complete and accurate.
- I authorize KAPT to submit information on behalf of the contract beneficiary to the above-referenced school.

\_\_\_\_\_  
Account Owner (or Beneficiary) Signature

\_\_\_\_\_  
Date

**Mailing Instructions**

Please return this completed form to:

KAPT  
KHEAA  
P.O. Box 798  
Frankfort, KY 40602-0798

Or fax to 1-800-519-4652. Please allow up to four weeks for processing.