



**Kentucky's Affordable Prepaid Tuition
Residual Benefits Request Form**

Use this form to request a disbursement of KAPT benefits for qualified higher education expenses **other than** tuition and fees including room, board, books, supplies, and equipment required for enrollment. For payment of tuition and fees, submit a *KAPT Billing Authorization Form* to the school billings office by the payment deadline each academic period.

Please return this form after your beneficiary has enrolled and you aware of his/her exact charges. This will help you determine an accurate amount of residual benefits available and needed.

1. Account Information

Account Owner's Name: _____

Beneficiary's Name: _____

KAPT Account Number: _____

2. Disbursement Amount

Disburse the following amount from my KAPT account for the qualified higher education expenses of my beneficiary:

\$ _____

3. Academic Term/Year: _____

4. Disbursement Recipient

Make this disbursement to: (check one)

KAPT account owner indicated above*

Eligible educational institution

Name of school: _____

*If you would like your disbursement made electronically to your bank account, please complete the back of this form.

5. Account Owner Signature

By signing below, I certify the following:

- The disbursement 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.
- The amount I have authorized my beneficiary's higher education institution to bill KAPT for tuition and fees plus my residual benefit request or requests do not exceed the total payout value of my account. (For information on your account payout value, please call 1-888-919-KAPT, option 2 or visit www.getKAPT.com.)
- I understand that I should retain receipts, invoices, or other information adequate to substantiate the qualified higher education expenses of my beneficiary in the event the Internal Revenue Service requires that I do so.
- 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

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.

Request for Electronic Payment of KAPT Residual Benefits

Complete this section if you want your KAPT residual benefits disbursement sent electronically to your bank account. *Note: To ensure your privacy and protection, KAPT requires account owner authorization for each electronic payment request of residual benefits. KAPT does not store this information for future use.*

KAPT Account Number: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: (circle one) Checking Savings

Email Address: _____

Please provide your email address if you want to receive confirmation when your disbursement is made.

Please verify all bank information is correct. Inaccurate information will delay processing of your KAPT residual benefits request.

I hereby authorize Kentucky’s Affordable Prepaid Tuition (KAPT) to initiate accounting transactions to deposit the residual benefits disbursement 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