



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 billing office by the payment deadline each academic period.

Please return this form after your beneficiary has enrolled and you are 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 Request for Electronic Payment 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](http://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

**Please fax or mail this completed form to:** KAPT  
KHEEA  
P.O. Box 798  
Frankfort, KY 40602-0798  
Fax 1-800-519-4652

Please allow up to four weeks for processing.



*Kentucky's Affordable Prepaid Tuition*

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## 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