



*Kentucky's Affordable Prepaid Tuition*

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**CHANGE OF BENEFICIARY**

PURCHASER NAME: \_\_\_\_\_

PURCHASER EMAIL: \_\_\_\_\_

KAPT ACCOUNT NUMBER: \_\_\_\_\_

ORIGINAL BENEFICIARY NAME: \_\_\_\_\_

PROJECTED ENROLLMENT YEAR: \_\_\_\_\_

PLEASE PROVIDE REASON FOR REQUEST: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS REQUIRED FOR THE SUBSTITUTE BENEFICIARY**

SUBSTITUTE BENEFICIARY NAME: \_\_\_\_\_

RELATIONSHIP TO ORIGINAL BENEFICIARY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SSN: (Required by IRS) \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

**TO AUTHORIZE THIS CHANGE, PLEASE SIGN THIS COMPLETED FORM.**

**I UNDERSTAND THAT MY KAPT CONTRACT MUST BE PAID IN FULL BY JULY 1 OF THE SUBSTITUTE BENEFICIARY'S PROJECTED ENROLLMENT YEAR.**

\_\_\_\_\_  
PURCHASER SIGNATURE

\_\_\_\_\_  
DATE

**TO THE FOLLOWING ADDRESS:**

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

**NOTICE**

Purchasers knowingly supplying fraudulent documentation as to the resident or intent of the new beneficiary will be denied the opportunity to participate in the plan. In the event a KAPT contract has been revised based upon fraudulent documentation, the contract will be terminated and subject to the assessment of a \$150 termination charge.