



Kentucky's Affordable Prepaid Tuition

**CHANGE OF PURCHASER**

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

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

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

**PLEASE PRINT**

NEW PURCHASER NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

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

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

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

**BY SIGNING BELOW, I AM AGREEING TO ALL TERMS AND CONDITIONS IN THE KAPT MASTER AGREEMENT.**

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

\_\_\_\_\_  
DATE

AFTER COMPLETING THIS FORM TO AUTHORIZE THIS PURCHASER CHANGE, THE CURRENT PURCHASER IS REQUIRED TO SIGN IN THE SPACE BELOW IN THE PRESENCE OF A NOTARY.

**NOTICE**

I ACKNOWLEDGE THAT BY EXECUTING THIS FORM I RELINQUISH ALL RIGHTS AND RESPONSIBILITIES OF THIS KAPT CONTRACT TO THE NEW PURCHASER.

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

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
DATE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(space for notary seal or stamp)

NOTARY PUBLIC, STATE OF \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Notary- Required

**This change shall become valid upon acceptance by KAPT.  
Please send this completed form to the following address:  
Kentucky's Affordable Prepaid Tuition  
P.O. Box 798, Frankfort, KY 40602-0798**