



Kentucky's Affordable Prepaid Tuition

CHANGE OF OWNERSHIP FORM- UTMA/UGMA ACCOUNTS

CUSTODIAN'S NAME: _____

BENEFICIARY'S NAME: _____

ACCOUNT NUMBER: _____

PLEASE PRINT

NEW OWNER'S NAME: _____ SSN# _____

ADDRESS: _____

HOME PHONE #: (____) _____ WORK PHONE #: (____) _____

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

NEW OWNER SIGNATURE DATE _____

AFTER COMPLETING THIS FORM TO AUTHORIZE THIS OWNERSHIP 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 OWNER.

CUSTODIAN'S SIGNATURE STATE OF _____
COUNTY OF _____

DATE The foregoing instrument was acknowledged before me this ____ day of _____, 20____.

NOTARY PUBLIC, STATE OF _____

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