



Intent to Enroll Form

Use this form to notify KAPT **only if the contract Beneficiary is attending an out-of-state college or university**. Upon receipt, KAPT will send confirmation of the school selection to the purchaser of the account. Notification of the beneficiary's intent to enroll will also be forwarded to the institution designated on this form.

1. Current Beneficiary Information

KAPT Account Number: _____
Beneficiary's Name: _____
Beneficiary's Address: _____
Beneficiary's Last Four Digits of SSN: _____

2. School Information

Out-of-State College/University: _____
City/State: _____
Term/Year of Attendance: _____

3. Account Owner (or Beneficiary) Signature

By signing below, I certify the following:

- The information provided above is complete and accurate.
- I authorize KAPT to submit information on behalf of the beneficiary to the above-referenced school.

Account Owner (or Beneficiary) Signature

Date

Mailing Instructions

Please return this completed form to:

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

Or fax to 502-696-7458. Please allow up to four weeks for processing.

9-4-2018