



CHANGE OF BENEFICIARY DUE TO DEATH OR DISABILITY

PURCHASER'S NAME: _____

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: _____

SOCIAL SECURITY NUMBER: (Required By IRS) _____

BIRTH DATE: _____

TO AUTHORIZE THIS CHANGE OF BENEFICIARY, PLEASE SIGN THIS COMPLETED FORM.

Purchaser Signature

Date

I CERTIFY THAT THE PERSON WHO IS TO BE SUBSTITUTED IS A RESIDENT OF KENTUCKY OR INTENDS TO ATTEND COLLEGE IN KENTUCKY AND MEETS THE CRITERIA OF A QUALIFIED BENEFICIARY AS SPECIFIED IN THE KAPT MASTER CONTRACT. I ALSO UNDERSTAND THAT MY KAPT CONTRACT MUST BE PAID IN FULL BY JULY 1 OF THE SUBSTITUTE BENEFICIARY'S PROJECTED ENROLLMENT YEAR.

PLEASE SEND THIS FORM AND DOCUMENTATION TO CONFIRM DEATH/DISABILITY OF ORIGINAL BENEFICIARY TO THE FOLLOWING ADDRESS:

**KAPT, KHEAA
PO Box 798
Frankfort, KY 40602-0798**

NOTICE

Purchasers knowingly supplying fraudulent documentation as to the residence 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.