



Kentucky's Affordable Prepaid Tuition

CANCELLATION/CLOSE ACCOUNT FORM

PURCHASER'S NAME: _____

BENEFICIARY'S NAME: _____

ACCOUNT NUMBER: _____

PLEASE PRINT

PURCHASER'S NAME: _____ SSN# _____

ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

REASON FOR CANCELLATION or CLOSING of ACCOUNT: (circle one)

- Death or disability of beneficiary Beneficiary has graduated, does not need the remaining benefits Financial Hardship
- Beneficiary received a scholarship Beneficiary will not attend/complete college Other: _____

TO AUTHORIZE THIS CANCELLATION/CLOSE ACCOUNT REQUEST, THE PURCHASER IS REQUIRED TO SIGN IN THE SPACE BELOW IN THE PRESENCE OF A NOTARY.

By signing below, I am agreeing to all terms and conditions in the KAPT Master Agreement, KAPT Statutes and KAPT Regulations.

PURCHASER'S SIGNATURE

STATE OF _____
COUNTY OF _____

DATE

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

NOTARY PUBLIC, STATE OF _____

X _____
Signature of Notary- Required

**This change shall become valid upon acceptance by KAPT.
Cancellation/Close Account fee is subject to Master Agreement terms and conditions.
Please mail the completed form to the following address:
Kentucky's Affordable Prepaid Tuition, KHEAA, P.O. Box 798, Frankfort, KY 40602-0798**