



Kentucky's Affordable Prepaid Tuition

CHANGE OF PURCHASER

CURRENT PURCHASER'S NAME: _____

BENEFICIARY'S NAME: _____

ACCOUNT NUMBER: _____

PLEASE PRINT

NEW PURCHASER'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 PURCHASER'S 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.

CURRENT PURCHASER'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 send this completed form and the \$20.00 purchaser change fee to the following address:
Kentucky's Affordable Prepaid Tuition
KHEAA, P.O. Box 798, Frankfort, KY 40602-0798**