

CHANGE OF OWNERSHIP FORM- UTMA/UGMA ACCOUNTS

CUSTODIAN'S NAME:	
BENEFICIARY'S NAME:	
ACCOUNT NUMBER:	
PLF	CASE PRINT
NEW OWNER'S NAME:	SSN#
ADDRESS:	
HOME PHONE #: ()	WORK PHONE #: ()
BY SIGNING BELOW, I AM AGREEING TO MASTER AGREEMENT.	ALL TERMS AND CONDITIONS IN THE KAPT
NEW OWNER SIGNATURE	DATE
AFTER COMPLETING THIS FORM TO AUT CURRENT PURCHASER IS REQUIRED TO S A NOTARY.	HORIZE THIS OWNERSHIP CHANGE, THE SIGN IN THE SPACE BELOW IN THE PRESENCE OF
	NOTICE THIS FORM I RELINQUISH ALL RIGHTS AND ACT TO THE NEW OWNER.
	STATE OF
CUSTODIAN'S SIGNATURE	COUNTY OF
DATE	The foregoing instrument was acknowledged before me thisday of, 20
	NOTARY PUBLIC, STATE OF
Please mail the complete Kentucky's Aff	e valid upon acceptance by KAPT. ed form to the following address: Fordable Prepaid Tuition 98, Frankfort, KY 40602-0798