



*Kentucky's Affordable Prepaid Tuition*

**CANCELLATION/CLOSE ACCOUNT FORM**

PURCHASER'S NAME: \_\_\_\_\_

BENEFICIARY'S NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**PLEASE PRINT**

PURCHASER'S NAME: \_\_\_\_\_ LAST FOUR DIGITS SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL 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\_\_\_\_.

(space for notary seal or stamp)

NOTARY PUBLIC, STATE OF \_\_\_\_\_

X \_\_\_\_\_  
Signature of Notary- Required

**Payment can be made by Cashier's Check or Electronic Payment Information**

Bank Name: \_\_\_\_\_ Account Type: (circle one)    Checking    Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please provide your email address if you want to receive confirmation of disbursement.

**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**