



Successor-in-Interest Form

FOR YOUR OWN PROTECTION, PLEASE COMPLETE AND RETURN THIS FORM

This form allows the Purchaser of the KAPT contract named below to name a Successor-in-Interest. The Successor-in-Interest is the person to whom the Purchaser's rights and obligations under the Contract will be transferred to in the event of the Purchaser's death. The Successor-in-Interest may receive contract information but cannot make any changes to the contract. All refunds are payable to the Purchaser (or the Successor-in-Interest in the event of the Purchaser's death).

ACCOUNT INFORMATION:

Purchaser Name: _____

KAPT Account Number: _____

Beneficiary Name: _____

Beneficiary Social Security Number: _____

DESIGNATION OF SUCCESSOR-IN-INTEREST

In accordance with the KAPT Master Agreement, in the event of my death, I appoint the following as the party to whom I desire to transfer my rights and obligations under the Contract. **(Please print the name and address of the designated party and sign below.)**

NAME: _____ SSN# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #:(_____) _____ WORK PHONE #: (_____) _____

PURCHASER SIGNATURE

DATE

PLEASE SEND THIS COMPLETED FORM TO THE FOLLOWING ADDRESS:

KAPT, Kentucky Higher Education Assistance Authority,
PO Box 798, Frankfort, KY 40602-0798