



Kentucky's Affordable Prepaid Tuition

Residual Benefits Request Form

Use this form to request a disbursement of KAPT benefits for qualified higher education expenses other than tuition and fees including room, board, books, supplies, and equipment required for enrollment. For payment of tuition and fees, submit a KAPT Billing Authorization Form to the school billing office by the payment deadline each academic period. Please return this form after your beneficiary has enrolled and you are aware of his/her exact charges. This will help you determine an accurate amount of residual benefits available and needed.

1. Account Information: Account Owner's Name: _____
Beneficiary's Name: _____
KAPT Account Number: _____

2. Disburse the following amount from my KAPT account for the qualified higher education expenses of my beneficiary: \$ _____

3. Academic Term/Year: _____

4. Make this disbursement to: (check one)
_____ KAPT account owner indicated above (Disbursements are issued electronically. Failure to complete the electronic payment information below may result in delayed receipt of funds due to check issuance.)
_____ Eligible educational institution - School Name _____

5. Account Owner Signature By signing below, I certify the following:

- The disbursement requested is for qualified higher education expenses of my beneficiary to attend an eligible educational institution as defined by 26 U.S.C. Section 529.
The amount I have authorized my beneficiary's higher education institution to bill KAPT for tuition and fees plus my residual benefit request or requests do not exceed the total payout value of my account. (For information on your account payout value, please call 1-888-919-KAPT, option 2 or visit www.getKAPT.com.)
I understand that I should retain receipts, invoices, or other information adequate to substantiate the qualified higher education expenses of my beneficiary in the event the Internal Revenue Service requires that I do so.
I understand that if my beneficiary uses more benefits in an academic year than the one-year payout value, my account will be depleted at a faster rate and my benefits may be exhausted in a lesser number of years than anticipated.
I have read the Account Owner's Guide to Using KAPT Benefits.

Account Owner Signature _____ Date _____

Electronic Payment Information (Completion required for each electronic payment request to KAPT account owner.)

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 when your disbursement is made.

Please verify all bank information is correct. Inaccurate information will delay processing of your KAPT residual benefits request. I hereby authorize Kentucky's Affordable Prepaid Tuition (KAPT) to initiate accounting transactions to deposit the residual benefits disbursement requested on this form directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution to post these transactions to that account.

Account Owner Signature _____ Date _____

Please fax completed form to 800-519-4652 or mail to KAPT, P.O. Box 798, Frankfort, KY 40602-0798. Allow up to 4 weeks for receipt of payment.

