

DEFERMENT OF BENEFITS FORM

Purchaser's Name	Contract Number
Student's Name	Student's Social Security Number

STUDENT MAILING ADDRESS

Street Address <i>(include apartment number)</i>		
City	State	Zip
Daytime Phone <i>(Area Code and Number)</i>		Evening Phone <i>(Area Code and Number)</i>
E-mail Address		

**PLEASE CHECK HERE IF BENEFITS
ARE NOT BEING USED.**

***Please return completed form if you do not opt to use the benefits
at this time. No payment will be made to a school until the
Program receives an Intent to Enroll form.***

CERTIFICATION OF DEFERMENT OF BENEFITS

The undersigned certify that the information provided on this form is true and correct to the best of their knowledge and belief. The undersigned understand that non-qualified distributions are subject to penalty.

Purchaser's Signature

Date



PLEASE RETURN THIS FORM NO LATER THAN JUNE 10, 2011

Nevada Prepaid Tuition Program
555 E. Washington Ave., Suite 4600, Las Vegas, NV 89101
or fax to 702-486-3246
Toll Free Telephone 1-888-477-2667