REFUND REQUEST

Contract Owner: Please use this form to cancel and request a refund of your contract. Please review our cancellation and refund policy in the contract before you complete this form, and include any required documentation. For a copy of the refund policy or for further information, please visit our Web site: nevadatreasurer.gov or contact us at the number below. We require a notarized signature for all cancellations and requests for contract refunds.

Current Contract Information

Contract Number_____

Purchaser _____ SSN_____

Student Beneficiary _____

Address _____

City/State/Zip Code _____

Email Address _____

Telephone HM (_____)_____WK (_____)_____Cell (_____)_____

Reason for Refund

___Death of Beneficiary — Enclose a copy of death certificate.

___Disability of Beneficiary — Enclose a copy of medical documentation.

___Full Scholarship — Enclose a copy of scholarship award.

___Non-Attendance — Student beneficiary will not be attending an eligible institution of higher education.

___Financial Hardship

___Other — Please specify_____

Contract Owner Signature – (Notarized Signature Required)

I certify that under the penalty of perjury that I am the legal contract owner, and I authorize this request for the Nevada Prepaid Tuition Program contract indicated above.

_____ _____

Contract Owner's Signature Date

State of _____ County of_____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes in the instrument.

Date_____ Signature_____

(stamp or seal) Title_____

My appointment expires:_____

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