

DEFERMENT OF BENEFITS FORM

Please return this completed form only if you DO NOT wish to use your Nevada Prepaid Tuition benefits at this time. *This form places your Prepaid Tuition benefits 'on hold'.

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

STUDENT MAILING ADDRESS

Street Address (include apartment number)		
City	State	Zip
Home Phone (Area Code and Number)		Cell Phone (Area Code and Number)
E-mail Address		

CERTIFICATION OF DEFERMENT OF BENEFITS

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

Purchaser's Signature

Date

- Per the terms of your contract, a beneficiary has up to 6 years from the high school graduation date (i.e., matriculation date) to use the Nevada Prepaid Tuition Program benefits at an eligible institution of higher education.



NVPrepaid.gov

PLEASE RETURN THIS FORM NO LATER THAN **JUNE 12, 2015 TO:**

Nevada Prepaid Tuition Program
555 E. Washington Ave., Suite 4600, Las Vegas, NV 89101

Fax: 702-486-3246

Email: prepaidtuition@nevadatreasurer.gov