

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 Website: NVPrepaid.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 _____

Purchaser SSN _____

Student Beneficiary _____

Purchaser's Address _____

City/State/Zip Code _____

Email Address _____

Telephone HM (_____) _____ WK (_____) _____ Cell (_____) _____

Reason for Refund

___ Death or Disability of Beneficiary

Enclose a copy of death certificate or 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.

Notary Signature _____ Date _____

My Appointment Expires _____

Notary Stamp or Seal

