

BACCALAUREATE EDUCATION SYSTEM TRUST

P.O. Box 198786 • Nashville, TN 37219-8786 Toll-Free: 1-888-486-2378 • Local: 615-532-8056



WEBSITE: TNBEST.COM



PAYMENT REQUE	ESI: ■ New ■ Modify/	Override Additional		
Student Name:				
Social Security Number:	Contract IE	D:		
Preferred Method of Contact (phone	e, email):			
unit entitles the Beneficiary to an a during the academic year in which on August 1st and is effective until representative to determine the nu	by the Purchaser or Beneficiary of a BE amount equal to one percent (1%) of th h the unit it used. The WAT unit payo I July 31 st of the following year. Please Imber of units that are available on your ut the current WAT unit payout value.	ne weighted average tuition (WAT) out value is recalculated annually contact a BEST customer service		
SECTION A - PAYMENT TO SCH	HOOL			
letter will be mailed to the Benefici our customer service hotline. The takes <u>5-7 business days</u> for you to rereceived in our office no fewer than For out-of-state schools or private institution. It typically takes <u>10-12</u>	cols will be processed once we have receivery's address on record. To confirm the Beneficiary should take the voucher le eceive the voucher by mail. Therefore, to 5-7 business days before the school's eschools in Tennessee, a check will be business days for the school to received in our office no fewer than 10-12	address in our records, please call etter to the institution. It typically the payment request form must be tuition deadline. be mailed by BEST directly to the eive the payment. Therefore, the		
Please enter the name and address BEST to make a payment directly to	s of the institution of higher education in the institution.	n this section if you would like		
School Name:				
Address:				
(Street)	(City)	(State) (Zip Code)		
Amount Requested: \$	OR Units Requested:	Semester:		
Authorization Signature:		Date:		
(See page 2, Section D, for authorization.)				

	S TO PURCHASER OR BENE			
Please complete this section if you would like BEST to make a payment directly to the Purchaser or Beneficiary as an advance payment or reimbursement for qualified higher educational expenses. Please allow 10-12 business days for receipt of payment.				
Payee: Purchaser	3 Beneficiary	Amount Requested: \$		
Address:				
(Street)	(City)		(State) (Zip Code)	
Withdrawal Purpose:		Semester:		
SECTION C - SCHOLARS	SHIP REFUND PAYMENTS PA	AYABLE TO REFUND	RECIPIENT	
Please complete this section and <u>attached proof of scholarship award</u> for current or prior terms. You may collect the scholarship proceeds in advance of the current term, but the refund recipient will incur Federal income tax liability. Payment will be sent to the refund recipient listed on the original BEST application. <u>The refund recipient must sign the form to receive the scholarship refund</u> .				
Address:(Street)	(City)		(State) (Zip Code)	
		Term(s):		
SECTION D - AUTHORIZ	ZATION			
I hereby certify the information listed above is true and correct. I further certify that I intend to use the withdrawal amount as indicated above and that the dollar amount or number of units is what is needed to pay tuition, other qualified higher education expenses required for enrollment or as a refund for a scholarship. I understand that scholarship refunds for the current and prior terms will be calculated using the current weighted average tuition (WAT) value. I understand that I must be enrolled at the institution at least half-time in order to quality for room and board benefits. I authorize release of information regarding my BEST prepaid tuition account to the institution named above. By my signature below, I authorize BEST to calculate the number of tuition units needed to pay the amount indicated to the institution and/or the recipient of the payment. For Tennessee public institutions, I authorize BEST to send the amount billed by the institution not to exceed the amount noted on this form.				
Student's Signature:		Date: _		
Parent/Guardian's Signatur	re:	Date:		
(required if student is under age		·		
Purchaser's Signature:		Date: _		
(required if Durchaser is the refu				