



## TRANSFER REQUEST

**Account Owner:** Please use this form to transfer units from one GET account to another. The Student Beneficiary receiving the units must be a family member of the Student Beneficiary giving the units. Qualified family members include parents, grandparents, siblings, half-siblings, children, stepchildren, niece/nephews or first cousins. See IRS Publication 970 for a complete list of qualified family members.

### Account Owner Information

Name (First, Middle, Last, Suffix) \_\_\_\_\_ SSN or TIN \_\_\_\_\_  
Street Address/Apartment Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Post Office Box Number \_\_\_\_\_ Telephone Numbers \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

### Unit Transfer Information

Transfer **from** GET account \_\_\_\_\_  
GET Account Number \_\_\_\_\_ Student Beneficiary's Name \_\_\_\_\_  
Transfer **to** GET account \_\_\_\_\_  
GET Account Number \_\_\_\_\_ Student Beneficiary's Name \_\_\_\_\_

Please choose one:

- Partial unit transfer / number of units to transfer: \_\_\_\_\_
- Convert this account to Lump Sum and transfer all units (non-paid-in-full Custom Monthly accounts only).
- Transfer all units and close this account.

Please tell us the relationship between the students:

The Student Beneficiary receiving the units must be a family member of the Student Beneficiary giving the units.  
*Qualified family members include parents, grandparents, siblings, half-siblings, children, stepchildren, nieces/nephews or first cousins. See IRS Publication 970 for a complete list of qualified family members.*

### Account Owner's Signature - Required

*I certify under penalty of perjury that I am the legal Account Owner and I certify that under the penalty of perjury that all the above information is true and correct. I authorize these requested changes to the Guaranteed Education Tuition Program account indicated above.*

Account Owner's Signature \_\_\_\_\_ (Notary must witness signature.) Date \_\_\_\_\_

### Notary Section - Required

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 mentioned in the instrument.

Date \_\_\_\_\_ Signature \_\_\_\_\_

(Seal or Stamp) Title \_\_\_\_\_

My appointment expires \_\_\_\_\_

**Send to:** Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450

**Questions:** GETInfo@hecb.wa.gov or 1-800-955-2318