



TRANSFER REQUEST

Account owner: Please use this form to transfer units from one GET account to another. The student receiving units must be a family member of the student transferring units. According to the IRS, family members include parents/stepparents, siblings/stepsiblings, aunts/uncles and first cousins. For a complete list of eligible family members, please review IRS Publication 970 or call us.

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.
(e.g.: parent, grandparent, sibling, half-sibling, stepchild, niece/nephew or first cousin.)

Account Owner's Signature - Required

I certify under penalty of perjury that I am the legal account owner and 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 _____