STUDENT BENEFICIARY CHANGE

GET Guaranteed Education Tuition™

- Use this form to change the Student Beneficiary named on your Account.
- An original, completed, signed and notarized form must be submitted to complete your request. **Faxed and photocopied forms will not be accepted.**
- The new Student Beneficiary must be a Family Member of the current Student Beneficiary. "Family Member" includes parents/stepparents, siblings/stepsiblings, spouses, aunts/uncles and first cousins. See the GET Master Agreement for a complete list of persons meeting the definition of Family Member.

Current Account Information

Account Number _____

Account Owner _____ Name _____ SSN or TIN

Current Student Beneficiary _____ Name _____ SSN or TIN

New Student Beneficiary Information

Name (First, Middle, Last, Suffix) _____

SSN or TIN _____

Birth Date _____

Benefit Use Year _____

Street Address/Apartment Number _____

Post Office Box Number _____

City/State/Zip Code _____

Email Address _____

Telephone Numbers _____ Home _____ Work _____ Other (Please specify type.)

Account Owner's Signature - *Required*

I authorize this change of Student Beneficiary for my Account and I certify that

- The new Student Beneficiary is a Family Member of the current Student Beneficiary, as defined in the Master Agreement.
- I have full authority and legal capacity to Units and to open a new GET Account.
- I have received and agree to the terms set forth in the Master Agreement and Program Details and will retain a copy of these documents for my records. I understand that GET from time to time may amend the Master Agreement and Program Details, and I understand and agree that I will be subject to the terms of those amendments.
- The information I have provided on this form—and all future information I will provide with respect to my Account—is true, complete, and correct.

_____ _____

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) Printed Name _____

Title _____

My appointment expires _____

Send to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450

Rev 11/2014 **Questions:** GETInfo@wsac.wa.gov or 1.800.955.2318