



CHANGE OF BENEFIT USE YEAR

Use this form to change the expected college entrance year for your Student Beneficiary (Benefit Use Year).

Change of Benefit Use Year Information

Account Number _____
 Current Benefit Use Year _____
 New Benefit Use Year (Month/Year) _____
 Reason for Change _____

Using your units: Your units must be held for two full calendar years. Custom monthly contracts must be paid in full.

Current Account Information	Account Owner		Student Beneficiary	
Name (First, Middle, Last, Suffix)	_____		_____	
SSN or TIN	_____		_____	
Birth Date	_____		_____	
Street Address/Apartment Number	_____		_____	
Post Office Box Number	_____		_____	
City/State/Zip	_____		_____	
Email Address	_____		_____	
Telephone Numbers	_____	_____	_____	_____
	Home	Work	Home	Work

Account Owner's Signature - Required

Only the account owner may authorize changes to this account.

By signing this form, I hereby certify and acknowledge that the information in this form is true, complete and accurate. I have read, acknowledge and agree to all the terms and conditions of the GET Program Details and Master Agreement. I authorize GET, its agents and its affiliates to act on instructions in this form believed to be genuine and from me. I authorize these requested changes to my Account.

 Account Owner's Signature Date