GET
Guaranteed Education Tuition℠
Save today. Secure tomorrow.

GET is committed to increased efficiency and reduced costs by using email and online processes whenever possible.

GET Enrollment Form 2013-2014

Have you considered enrolling online? The process is quick and easy.
Please visit our Web site at www.get.wa.gov and select the online enrollment option.

****PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING ENROLLMENT FORM****
*****YOUR ENROLLMENT FORM MUST BE POSTMARKED BY MAY 31, 2014*****

SECTION 1. ACCOUNT OWNER – Please select one only

Individual Account Owner
(Please check one)

- ☐ Check here if the Account Owner is an individual 18 or older.
- ☐ Check here if you will be funding the account with UGMA/UTMA funds. The Student Beneficiary must be named as the Account Owner. The Custodian must be designated in Section 9, Part C.
- ☐ Check here if the Account Owner is under 18 and you are not funding the account with UGMA/UTMA funds. The Parent or Legal Guardian must be designated in Section 9, Part C.

← OR →

Other Account Owner Type
(Please check one) (Documentation may be required)

☐ Trust ☐ Corporation ☐ Non-profit
☐ Other Legal Entity Type
(please specify) _____

Entity Name

Entity TIN or EIN **(Required)**

SECTION 2. CONTACT INFORMATION – Individual Account Owner *OR* Trustee/Authorized Representative

Last Name	First	Middle	Suffix (Jr., etc.)
SSN/TIN **(Required)**	Gender: ☐ Male ☐ Female	Date of Birth (MM/DD/YYYY)	
Mailing Address (complete address including Apt # or PO Box)			
City	State	Zip	Email* **(Required)**
Home phone #	Work phone #	ext. x	Other phone # (specify type)

How did you hear about the GET Program? ☐ Web site/Internet ☐ Employer ☐ Billboard ☐ Newspaper/Magazine ☐ Radio/TV ☐ Friend/relative ☐ Presentation ☐ School ☐ Financial Advisor : ☐ Other:

SECTION 3. STUDENT BENEFICIARY

Last Name	First	Middle	Suffix (Jr., etc.)
SSN/TIN **(Required)**	Gender: ☐ Male ☐ Female	Date of Birth (MM/DD/YYYY)	
Mailing Address ☐ Check here if you want to use the same address as listed in the Contact Information in Section 2.			
City	State	Zip	Email (optional)
Home phone #	Work phone #	ext. x	Other phone # (specify type)

*If you request not to use Internet communications, please check here. ☐

SECTION 4. PROJECTED BENEFIT USE YEAR

Is the Student Beneficiary currently in school? ☐ **No** ☐ **Yes**, current grade is _____

In what academic year do you expect the Student Beneficiary to enter college and/or turn 18 years old? *(This is referred to as the Projected Benefit Use Year. See Instructions, Chart A.)* Fall **2 0** __ __

SECTION 5. PLAN SELECTION – Select your plan. You may save through both plans.

☐ **Lump Sum Plan**

A. Current unit price	$ 172
B. Number of Lump Sum units I am paying for today* *(Minimum of 1 unit)*	
C. Total amount I am enclosing today for Lump Sum units* (A x B = C). You will receive a coupon book to purchase additional units for your account.	$

☐ **Custom Monthly Plan**

A. Select the number of units to purchase under the Custom Monthly Plan:

☐50 ☐100 ☐150 ☐200 ☐250 ☐300 ☐350 ☐400 ☐450 ☐500

B. Select the payment term (in years):

☐01 ☐02 ☐03 ☐04 ☐05 ☐06 ☐07 ☐08 ☐09
☐10 ☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18

C. Monthly Payment Amount (See Instructions, Chart C.)
You are not required to enclose a monthly payment today. Your first payment will be due in 60 to 90 days. You will receive a coupon book unless you have selected another payment option from Section 6 below. $ _____

PLEASE NOTE: We can only accept checks, money orders or electronic payments for unit purchases or monthly payments. We do not accept credit/debit cards for unit purchases or monthly payments.

SECTION 6. ADDITIONAL PAYMENT OPTIONS – Please check all that apply:

☐ A. Yes, I want to initiate automatic monthly withdrawals from my bank account. I have completed the Automatic Withdrawal Authorization on page 4 of this enrollment form.

☐ B. Yes, I want to authorize deductions from my paycheck. I have completed the Payroll Deduction Authorization form found on GET's Web site at www.get.wa.gov, and will give it to my payroll department. (View a list of participating GET Payroll Deduction Employers also on our Web site.)

☐ C. Yes, I want others to contribute to my GET Account. I have completed the Giftor Authorization form found on GET's Web site at www.get.wa.gov.

SECTION 7. ENROLLMENT FEE – Please select one of the options below:

☐ A. I am enclosing my check or money order for my non-refundable $50 enrollment fee. (Payment must be enclosed with enrollment form.)

☐ B. I authorize GET to charge my non-refundable $50 enrollment fee to my credit/debit card. ☐ VISA ☐ MC ☐ DISC ☐ AMEX

Credit/Debit Card # _____ Expiration Date _____

Cardholder Signature _____ Cardholder Name as shown on Card _____

☐ C. I am not enclosing the non-refundable $50 enrollment fee, because I believe I qualify for an enrollment fee waiver (see instructions). I understand that the GET Program has final authority to approve all enrollment fee waivers. I am providing the GET account numbers (or SSNs if you are opening the other accounts today and do not have account numbers yet) for the accounts where the Account Owner is the same, the Student Beneficiaries all live at the same address, and the $50 enrollment fee has already been paid on at least two of the accounts.

1. GET Account/SSN # _____ Student Beneficiary Name _____

2. GET Account/SSN # _____ Student Beneficiary Name _____

SECTION 8. ACCOUNT OWNER'S SIGNATURE – REQUIRED

By signing this enrollment form I agree to the following:

- I have completed all required sections of this form and certify that the information provided is true and accurate to the best of my knowledge.
- I have read, fully understand and agree to all the terms and conditions of the Master Agreement and acknowledge that penalties and fees may apply for account cancellation/termination.
- I certify that the Student Beneficiary and/or Account Owner is a resident of Washington State.

Signature of Account Owner (or Legal Guardian/Custodian if under 18 years of age) or Trustee/Authorized Representative

X

Date

SECTION 9. OTHER PERSONS

(A) ACCOUNT OWNER SURVIVOR - Only one allowed (see FAQ regarding Account Owner Survivors)

Who do you want to become the Account Owner in the event of the Account Owner's death or incapacitation?

☐ **Student Beneficiary**, skip to Part B ☐ **Account Owner's estate,** see instructions on page 4. ☐ **Other person,** specified below

Last Name	First	Middle	Suffix (Jr., etc.)

SSN/TIN **(Required)**	Gender: ☐ Male ☐ Female	Date of Birth (MM/DD/YYYY)

Mailing Address ☐ Check here if you want to use the same address as listed in the Contact Information in Section 2.

City	State	Zip	Email

Home phone #	Work phone # ext.	Other phone # (specify type)
	X	

Do you also want to authorize the Account Owner Survivor to receive verbal information about your account? ☐ **Yes** ☐ **No**

(B) INFORMATION RELEASE

Do you want to authorize another individual, other than the Account Owner or Student Beneficiary, to receive verbal information about your account?

☐ **Yes**, complete this section ☐ **No**, skip to Part C.

Last Name	First	Middle	Suffix (Jr., etc.)

SSN/TIN	Gender: ☐ Male ☐ Female	Date of Birth (MM/DD/YYYY)

Mailing Address ☐ Check here if you want to use the same address as listed in the Contact Information in Section 2.

City	State	Zip	Email

Home phone #	Work phone # ext.	Other phone # (specify type)
	X	

(C) LEGAL GUARDIAN/CUSTODIAN

Is the Account Owner listed in Section 2 a minor (under 18 years of age)?

☐ **Yes**, you MUST complete this section ☐ **No**, skip to next section

Last Name	First	Middle	Suffix (Jr., etc.)

SSN/TIN **(Required)**	Gender: ☐ Male ☐ Female	Date of Birth (MM/DD/YYYY)

Mailing Address ☐ Check here if you want to use the same address as listed in the Contact Information in Section 2.

City	State	Zip	Email

Home phone #	Work phone # ext.	Other phone # (specify type)
	X	

PLEASE NOTE: Once the minor Account Owner reaches the age of 18, the Guardian or Custodian will be removed from the account and new contact/login information will be requested from the Account Owner.

SECTION 10. DEMOGRAPHIC INFORMATION

Student Beneficiary's Relationship to Account Owner: ☐ Child ☐ Grandchild ☐ Self ☐ Other relative ☐ Not related/friend ☐ Decline to Answer

Account Owner's Race/Ethnicity: ☐ African American ☐ Native American or Alaskan Native ☐ Asian ☐ Caucasian ☐ Hispanic/Latino ☐ Native Hawaiian or other Pacific Islander ☐ Multiracial ☐ Other ☐ Decline to Answer

Annual Household Income: ☐ Less than $50,000 ☐ $50,000-$100,000 ☐ Over $100,000 ☐ Decline to Answer

Account Owner's Education (check highest grade completed): ☐ High School Graduate/GED ☐ Some College ☐ Associate Degree/Certificate ☐ Bachelor's Degree ☐ Master's/PhD/Doctorate Degree ☐ Other ☐ Decline to Answer

Account Owner's Age Range: ☐ Under 18 Yrs ☐ 18-24 Yrs ☐ 25-34 Yrs ☐ 35-44 Yrs ☐ 45-54 Yrs ☐ 55-64 Yrs ☐ 65 Yrs or older ☐ Decline to Answer

SECTION 11. AUTOMATIC WITHDRAWAL AUTHORIZATION (ACH) - Optional

Bank Account Holder:
Last Name | First | Middle | Suffix (Jr., etc.)

SSN/TIN **(Required)**	Gender: ☐ Male ☐ Female	Date of Birth (MM/DD/YYYY)

Mailing Address ☐ Check here if you want to use the same address as listed in the Contact Information in Section 2.

City	State	Zip	Email

Home phone #	Work phone #	ext.	Other phone #	(specify type)
		x		

Bank Account Type: ☐ Checking ☐ Savings | **GET Account Type:** ☐ Lump Sum ☐ Custom Monthly

Automatic Withdrawal Amount $ _____ **(per month)** | **Lump Sum Only –** Pull my payment on the _____ of each month

REQUIRED: Please **TAPE** a ***checking*** **account voided check** or a ***savings*** **account deposit slip HERE.** (Please do NOT staple.)

Do **not** attach a deposit slip for checking account withdrawals. Please be aware that some financial institutions do not allow automatic withdrawal from savings accounts.

I hereby authorize the Guaranteed Education Tuition Program (GET) to initiate entries to my financial institution account indicated below and the financial institution indicated below to debit this same account. This authority remains in full force and effect until the GET office receives my written notification of its termination in such time and manner as to afford GET and the financial institution a reasonable opportunity to act on it. Revocation by notice to the financial institution is not sufficient. GET may cancel my ACH and notify me in writing of such cancellation. I understand that withdrawals for Custom Monthly accounts occur automatically on the 15th day of each month or on the next business day if the 15th day falls on a weekend or holiday. Lump Sum withdrawals occur each month on the date I select above or on the next business day if my selected date falls on a weekend or holiday. If no date is specified for the Lump Sum withdrawal, the withdrawal will be scheduled to occur on the 15th day of the month. **In the event of unsuccessful debits, I understand that GET reserves the right to assess this GET account a returned ACH fee of $15.00 per returned ACH withdrawal or the actual bank fee charged, whichever is greater. I understand that GET will process my ACH request upon receipt of my signed authorization. GET will notify me in writing of the first expected ACH withdrawal date. However, by signing this form, I acknowledge that GET may begin withdrawals even if I do not receive written notification prior to the first withdrawal date.**

By signing below, I acknowledge that I have read and agree to the above terms.

Signature of Bank Account Holder	
X	**Date**

Please submit form to:

Guaranteed Education Tuition
PO Box 84824
Seattle WA 98124-6124

*****YOUR ENROLLMENT FORM MUST BE POSTMARKED BY MAY 31, 2014*****

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Guaranteed Education Tuition℠
Save today. Secure tomorrow.

GET is committed to increased efficiency and reduced costs by using email and online processes whenever possible.

GET Enrollment Form 2013-2014 Instructions

- ☐ PLEASE PRINT OR TYPE ALL INFORMATION except your signature.
- ☐ Read the GET Program Guide and Master Agreement for answers to the most frequently asked questions. Copies are available at the program Web site at www.get.wa.gov. If you need additional information or assistance in completing this enrollment form, please contact us at GETInfo@wsac.wa.gov or call TOLL-FREE 1.800.955.2318, 8 a.m. to 5 p.m., PT, Monday through Friday (except state holidays).
- ☐ Complete a separate enrollment form for each Student Beneficiary you enroll in the program.
- ☐ Complete all applicable sections of the enrollment form.
- ☐ Sign and date your enrollment form.
- ☐ If you are enclosing a rollover payment from another 529 program, US Savings Bonds or a Coverdell Education Savings Account, enclose documentation (e.g., account statement or other documentation) indicating the principal and earnings portion of the rollover amount. See the GET Master Agreement for further details.
- ☐ Pay the one-time $50 enrollment fee per Student Beneficiary at time of enrollment. A maximum of $100 per family is charged where all accounts have the same Account Owner and the Student Beneficiaries live at the same address. You may choose to pay your enrollment fee by credit/debit card. See specific instructions in Section 7 for more details.
- ☐ Make checks payable to Guaranteed Education Tuition. You may write one check for both the enrollment fee and Lump Sum units purchased.
- ☐ Submit form to: Guaranteed Education Tuition, PO Box 84824, Seattle WA 98124-6124

Enrollment forms must be completed online or postmarked by May 31, 2014.

Important Payment Information:
Processing your enrollment form may take 30 days or more. Therefore, if you are enrolling in April or May, you may not receive enrollment confirmation or an account number before the unit price changes on July 1, 2014. We strongly recommend including funds for any Lump Sum units you are purchasing with your enrollment form to ensure that you are purchasing the units at the current unit price of $172. Payments must be **RECEIVED** by June 30, 2014, to purchase Lump Sum units at the current $172 unit price.

If you are purchasing a Custom Monthly Plan, your payments will be due the 15th of the month, starting 60 to 90 days from the program's receipt of this enrollment form. Unless you selected an electronic or payroll deduction payment method, you should receive a coupon book approximately 2-3 weeks before your first payment is due.

SPECIFIC INSTRUCTIONS:

Section 1 – Account Owner

The Account Owner is the individual responsible for payment and is the only one who may make changes to the account. If the Account Owner is an individual person, complete the "Individual Account Owner" section. ONLY ONE INDIVIDUAL CAN BE THE ACCOUNT OWNER. If the Account Owner is a trust, corporation, non-profit or other entity type, complete the "Other Account Owner Type" section. The Account Owner **or** the Student Beneficiary must be a resident of Washington State to enroll in the program.

Individual Account Owners
Select the correct option and follow the instructions on the enrollment form.

Other Account Owner Types
Enter the legal name of the existing trust* (exactly as shown on your trust documents), corporation, non-profit or other legal entity type to be listed as the Account Owner. Enter the entity's Federal Employer Identification Number (EIN) or Taxpayer Identification Number (TIN). GET is required to obtain this information for federal tax reporting purposes.

*A trust must be previously established before being named as the Account Owner. Trust documentation is required before any changes or distributions will be allowed on this account. If you are unable to provide the trust documentation in its entirety, we require the pages that include the following: Full legal name of the trust, the tax identification number of the trust, and legal names of all trustees and their notarized signatures. Only one Trustee will be allowed on the account to make changes or gain login information. All other Trustees named in the documentation can be added to the account as Information Release Persons.

Section 2 – Contact Information

For Individual Account Owners: Enter the legal name of the Account Owner (one person only). If the account will be funded with UGMA/UTMA funds, you must enter the Student Beneficiary as the Account Owner. Enter the Account Owner's social security number. GET is required to obtain this information for tax reporting purposes. Enter the Account Owner's date of birth, gender, mailing address, phone number(s), and email. Due to our account login process, the Account Owner's email is required. It must be unique to this Account Owner as it is a primary identifier in the user authentication process.

For Other Account Owner Types: Enter the name of the individual who is authorized to sign on behalf of the entity. In the case of an existing trust, the Trustee is usually the Authorized Representative. A copy of trust documents verifying the Authorized Representative must be provided. In the case of a non-profit organization or corporation, an officer of the entity is usually considered the Authorized Representative. If you want to specify a member of the organization other than the Authorized Representative as the primary contact, include the contact's name in the mailing address. (The contact, however, does not have the ability to make any changes to the account).

Section 3 – Student Beneficiary

If the Student Beneficiary already has an account with GET where you are listed as the Account Owner, and you wish to purchase more Lump Sum units, you do not need to complete an additional enrollment form. Simply note on your coupon that this is a Lump Sum unit purchase and mail it with the payment to: GET, PO Box 84824, Seattle WA 98124-6124. If you wish to add a Custom Monthly Plan to an existing Lump Sum Plan for the Student Beneficiary, simply complete and submit the Account Change Request form found on our Web site at www.get.wa.gov. The Account Change Request form must be postmarked by May 31. Please contact customer service by email at GETInfo@wsac.wa.gov or by phone at 1.800.955.2318 for further guidance.

If the Account Owner is also the Student Beneficiary for the new account, write "SAME AS ACCOUNT OWNER" in Section 3 and skip to Section 4. Otherwise, enter the Student Beneficiary's legal name. Enter the Student Beneficiary's social security number. If the Student Beneficiary does not yet have a social security number, please write "**applied for**" and provide the number when you receive it. You have six months to provide GET with the Student Beneficiary's social security number. GET is required to obtain this information for tax reporting purposes. Enter the Student Beneficiary's birth date and gender, mailing address, email and phone number(s).

Section 4 – Projected Benefit Use Year

Enter the academic year you expect the Student Beneficiary to enter college. See Chart A below.

CHART A – Student Beneficiary's Projected Benefit Use Year

Student Beneficiary Age/Grade as of August 31, 2013	Projected Benefit Use Year
Born after August 31, 2013	Fall 2032
Newborn, less than Age 1	Fall 2031
Age 1	Fall 2030
Age 2	Fall 2029
Age 3	Fall 2028
Age 4/5 (not in Kindergarten)	Fall 2027
Kindergarten	Fall 2026
1st Grade	Fall 2025
2nd Grade	Fall 2024

Student Beneficiary Age/Grade as of August 31, 2013	Projected Benefit Use Year
3rd Grade	Fall 2023
4th Grade	Fall 2022
5th Grade	Fall 2021
6th Grade	Fall 2020
7th Grade	Fall 2019
8th Grade	Fall 2018
9th Grade	Fall 2017
10th Grade	Fall 2016
11th Grade	Fall 2016*
12th Grade and Adults	Fall 2016*

*Washington law requires a two-year wait before benefits may be used. Custom Monthly Plans purchased this year will be available, at the earliest, if paid in full, for fall 2016. Please note that the longer the units remain in your account, the greater your long-term return will be. You should plan to hold your GET units at least six years before you can expect to see measureable gain (longer if you have a Custom Monthly Plan).

Section 5 – Plan Selection

The GET Program offers two types of plans: The Lump Sum Plan and the Custom Monthly Plan. Can't decide? Save through both plans. If you open a Custom Monthly Plan account, you can buy Lump Sum units at any time. See Chart B for a summary of the plans.

If you are selecting the Lump Sum Plan, check the appropriate box and provide GET with the number of Lump Sum units you are paying for today and the total amount you are enclosing with the enrollment form for these units. You must purchase at least one unit in addition to paying the application fee. (Please note: We do not accept credit/debit cards for unit purchases.)

If you are selecting the Custom Monthly Plan, review Chart C to determine your monthly payment. Mark the number of units you are contracting for and the number of years you will be making payments. For example, if your Student Beneficiary is currently six months old and you wanted to purchase 200 units, Chart A shows a projected benefit use year of fall 2031. Chart C shows that you may make payments for up to 17 years based on a fall 2031 projected benefit use year. As you scan across Chart C, you find the column labeled 200 units. Your monthly payment will be $299 on a 17-year monthly payment schedule. If you scan up that same column, you can see that by paying $346 per month, you can make payments for only 13 years. You can reduce the total finance charge on a Custom Monthly Plan by selecting a shorter term. You can reduce the amount of your monthly payment by selecting a longer term. In this example, you cannot select a term longer than 17 years because the account must be paid in full for the Student Beneficiary to use the units in 2031. After making all payments, the Student Beneficiary will have 200 units eligible for use, of which 125 may be used in any one academic year. Eligible unused units from one year automatically roll over to the next year.

CHART B – Lump Sum and Custom Monthly Plan Comparisons

Lump Sum and Custom Monthly Plan Comparisons	Lump Sum Plan	Custom Monthly Plan
What is the minimum unit purchase?	One unit must be purchased within 90 days of opening the account. After making the minimum purchase, you may purchase units in any increment including fractional units.	Sold in increments of 50 units.
What is the maximum number of units that I can purchase?	You may buy up to 500 units for each Student Beneficiary. Although a Student Beneficiary may have more than one account, the total combined units cannot exceed the 500 unit lifetime maximum per Student Beneficiary.	You may buy up to 500 units for each Student Beneficiary. Although a Student Beneficiary may have more than one account, the total combined units cannot exceed the 500 unit lifetime maximum per Student Beneficiary.
Is there a difference in the price of the units?	The current unit price is $172. The unit price is set annually and may also be adjusted once during the year. You pay whatever the current unit price is at the time we RECEIVE your payment.	The unit price is fixed at $172 for the current enrollment period and a 7.5% finance charge, small interest adjustment and processing fee are included in your monthly payment. Your set monthly payment will not increase, even when unit prices increase.
When can the Student Beneficiary begin using the units?	• Each unit purchased must be held for a minimum of two years. You may need six years to see measureable gain. • The Student Beneficiary must be enrolled in an eligible institution of higher education. • The Student Beneficiary must reach the Benefit Use Year. If this needs to be changed, contact us.	• The contract must be paid in full. • The account must be opened a minimum of two years. (With the 7.5% finance charge, you may need several years to see measurable gain, depending upon the length of your term.) • The Student Beneficiary must be enrolled in an eligible institution of higher education. • The Student Beneficiary must reach the Benefit Use Year. If this needs to be changed, contact us.
Can other people make contributions?	Anyone can make contributions to the account as long as the 500-unit maximum is not exceeded.	Anyone can make contributions to the account as long as the 500-unit maximum is not exceeded. A giftor can specify whether the contribution is to be applied to the set monthly payment or to purchase Lump Sum units at the unit price in effect at time the payment is received.
Do I have a payment due date?	No. You contribute at any time based on the unit price in effect at the time the payment is received.	Yes. Payments are due the 15th day of the month. A $10.00 late fee will be posted to your account if the payment is not received within 15 days of the due date.

CHART C – Custom Monthly Plan Payments

Projected Benefit Use Year	Payment Term (in years)	Custom Monthly Plan Units									
		50	100	150	200	250	300	350	400	450	500
Fall 2032	**18**	$ 74	$ 146	$ 218	$ 290	$ 362	$ 434	$ 506	$ 579	$ 651	$ 723
Fall 2031	**17**	$ 76	$ 150	$ 224	$ 299	$ 373	$ 447	$ 521	$ 595	$ 669	$ 743
Fall 2030	**16**	$ 79	$ 155	$ 232	$ 308	$ 385	$ 461	$ 538	$ 614	$ 691	$ 767
Fall 2029	**15**	$ 81	$ 161	$ 240	$ 319	$ 398	$ 477	$ 557	$ 636	$ 715	$ 794
Fall 2028	**14**	$ 84	$ 167	$ 249	$ 332	$ 414	$ 496	$ 579	$ 661	$ 744	$ 826
Fall 2027	**13**	$ 88	$ 174	$ 260	$ 346	$ 432	$ 519	$ 605	$ 691	$ 777	$ 863
Fall 2026	**12**	$ 92	$ 183	$ 273	$ 364	$ 454	$ 545	$ 635	$ 725	$ 816	$ 906
Fall 2025	**11**	$ 98	$ 193	$ 289	$ 384	$ 480	$ 576	$ 671	$ 767	$ 863	$ 958
Fall 2024	**10**	$ 104	$ 206	$ 308	$ 410	$ 512	$ 613	$ 715	$ 817	$ 919	$ 1,021
Fall 2023	**9**	$ 112	$ 221	$ 331	$ 441	$ 550	$ 660	$ 770	$ 879	$ 989	$ 1,099
Fall 2022	**8**	$ 121	$ 241	$ 360	$ 480	$ 599	$ 719	$ 838	$ 957	$ 1,077	$ 1,196
Fall 2021	**7**	$ 134	$ 266	$ 398	$ 530	$ 662	$ 794	$ 926	$ 1,058	$ 1,191	$ 1,323
Fall 2020	**6**	$ 151	$ 300	$ 449	$ 598	$ 747	$ 896	$ 1,045	$ 1,194	$ 1,343	$ 1,492
Fall 2019	**5**	$ 175	$ 348	$ 521	$ 694	$ 866	$ 1,039	$ 1,212	$ 1,385	$ 1,558	$ 1,731
Fall 2018	**4**	$ 211	$ 420	$ 629	$ 837	$ 1,046	$ 1,255	$ 1,464	$ 1,673	$ 1,882	$ 2,090
Fall 2017	**3**	$ 271	$ 540	$ 809	$ 1,078	$ 1,347	$ 1,616	$ 1,885	$ 2,154	$ 2,423	$ 2,692
Fall 2016	**2**	$ 392	$ 781	$ 1,171	$ 1,560	$ 1,950	$ 2,339	$ 2,729	$ 3,118	$ 3,508	$ 3,897
Fall 2016	**1**	$ 754	$ 1,506	$ 2,258	$ 3,010	$ 3,761	$ 4,513	$ 5,265	$ 6,017	$ 6,769	$ 7,521

Section 6 – Payment Options

For your convenience, we will send you a coupon book for Lump Sum and/or Custom Monthly Plan purchases. The GET Program offers a variety of other payment options including: automatic monthly bank withdrawals, payroll deduction and customer-directed bank transfers through our secure Web site. For more details about these options, please refer to our 2013-14 Enrollment Kit. If you want to initiate any of these other payment options, please check the appropriate boxes and submit the information required. (Note: We do not accept credit/debit cards for unit purchases or monthly payments.)

Section 7 – Enrollment Fee

The GET Program charges a one-time non-refundable $50 enrollment fee per Student Beneficiary when you enroll. If you are paying the enrollment fee by check or money order, check box A. If you are paying the enrollment fee by credit/debit card, check box B and provide the requested information. **The enrollment fee is due at time of enrollment.** You may qualify for an enrollment fee waiver if you meet the following criteria:

1. Are you the designated Account Owner for more than two accounts for Student Beneficiaries living at the same address? ☐ Yes ☐ No
2. Have you paid the maximum $100 in enrollment fees on the accounts in Question 1? ☐ Yes ☐ No

If you answered yes to both of these questions, you may qualify for an enrollment fee waiver. Check box C and provide the GET account number (or SSN if you are opening the other accounts today and do not have an account number yet) and Student Beneficiary name for the accounts where the $50 enrollment fee has been paid. The enrollment fee waiver is subject to final approval by the GET Program.

Section 8 – Signature

The Individual Account Owner must sign the enrollment form. If the Account Owner is a minor (under the age of 18), the Legal Guardian must sign the form and complete Section 9, Part C. If the account is funded with proceeds from a UGMA/UTMA, the Custodian of the UGMA/UTMA must sign the form and complete Section 9, Part C.

For Other Account Owner Types, the individual authorized to sign on behalf of the entity must sign the form. In the case of a trust, the trustee is usually the Authorized Representative. In the case of a non-profit organization or corporation, an officer of the entity is usually considered the Authorized Representative.

Section 9 – Other Persons *(Please Note: Only the Account Owner can make changes to the account.)*

Part A – If you want to name an Account Owner Survivor for this account, complete Part A. The Account Owner Survivor will become the owner of the account upon the original Account Owner's death or incapacitation. All rights and obligations of this agreement transfer to this Account Owner Survivor. Failure to assign an Account Owner Survivor will result in all rights and obligations automatically transferring to the Student Beneficiary, unless a new Account Owner is explicitly referenced in estate documents (your will). If the Student Beneficiary is under the age of 18, subject to program limitations, the Guardian explicitly identified may act on behalf of the Student Beneficiary. The program requires proof of guardianship. Note: If you want to authorize GET to release verbal information to the Account Owner Survivor, check the box and they will be included as an Information Release. You cannot name an Account Owner Survivor for GET accounts funded with UGMA/UTMA proceeds. However, you can name a Custodian Survivor (acts as Custodian upon the original Custodian's death). Contact the GET Program office for more information.

Part B – You may authorize GET to release information regarding your account to another person(s) such as a spouse, grandparent or guardian. If you wish to authorize someone (in addition to the Account Owner) to make verbal inquires on this account, complete Part B. Please note that the program will only provide the login ID and PIN for online account access to the Account Owner.

Part C – **Only** complete this section if the Account Owner identified in Section 2 is less than 18 years old. A Legal Guardian must be designated when the Account Owner is a minor. If the GET account is funded with UGMA/UTMA proceeds, name the Custodian of the UGMA/UTMA. Please note that once the minor Account Owner reaches the age of 18, the Guardian or Custodian will be removed from the account and new contact/login information will be requested from the Account Owner.

Section 10 – Demographic Information

This information is optional. However, it does give the GET Program a better understanding of GET customers, which helps when considering upgrades and improvements to the program. GET never shares account demographic or contact information with any other entity.

Section 11 – Automatic Withdrawal Authorization – (Optional)

If you checked box A in section 6, please complete this section. Completing this section authorizes GET to automatically withdraw money from your bank or credit union account and deposit it directly into your GET account. Payments are deducted on the 15th day of each month or the following business day. You may choose to make your Custom Monthly Plan payment using this option, or you can opt to purchase Lump Sum units in this manner. Please provide information for the bank account holder. This person may be different than the person listed as the Account Owner on the account but you must include the bank account holder's authorizing signature.