



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



GET Enrollment Form 2015 – Birth to 12 Months

- Please read the instructions carefully before completing this enrollment form.
- A copy of the student beneficiary's birth certificate must be enclosed with this enrollment form.
- The new unit price has not yet been set. At this time, applications are being accepted, and payments will be posted. However, units won't be reflected in your account until the new unit price is set.

SECTION 1. ACCOUNT OWNER – Please select one only			
<input type="checkbox"/> Individual Account Owner (Please check one) <input type="checkbox"/> Check here if the Account Owner is an individual 18 or older. <input type="checkbox"/> 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. <input type="checkbox"/> 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 →	<input type="checkbox"/> Other Account Owner Type (Please check one) <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit <input type="checkbox"/> Other Legal Entity Type (please specify) _____ Entity Name _____ Entity SSN 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: <input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Website/Internet <input type="checkbox"/> Employer <input type="checkbox"/> Billboard <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Radio/TV <input type="checkbox"/> Friend/relative <input type="checkbox"/> Presentation <input type="checkbox"/> School <input type="checkbox"/> Financial Advisor : <input type="checkbox"/> Other:			
SECTION 3. STUDENT BENEFICIARY			
Last Name	First	Middle	Suffix (Jr., etc.)
SSN/TIN (Required)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
Mailing Address <input type="checkbox"/> 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. X	Other phone # (specify type)

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

SECTION 4. PROJECTED BENEFIT USE YEAR

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 20

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

<input type="checkbox"/> Lump Sum Plan		<input type="checkbox"/> Custom Monthly Plan	
A. Current unit price	\$	A. Select the number of units to purchase under the Custom Monthly Plan: <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 300 <input type="checkbox"/> 350 <input type="checkbox"/> 400 <input type="checkbox"/> 450 <input type="checkbox"/> 500	
B. Number of Lump Sum units I am paying for today* (Minimum of 1 unit)		B. Select the payment term (in years): <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18	
C. Total amount I am enclosing today for Lump Sum units* (A x B = C). You will receive a coupon book to make future purchases to your account.	\$	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 (a list of employers participating in GET Payroll Deduction is available on our website.)
- C. Yes, I want others to contribute to my GET Account. I have completed the Giftoor Authorization form found on GET's website 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 or disapprove 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 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 - 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 above and the financial institution indicated above 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 \$25.00 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**

*** A COPY OF THE STUDENT BENEFICIARY'S BIRTH CERTIFICATE MUST BE ENCLOSED WITH THIS ENROLLMENT FORM ***