

OUTGOING ROLLOVER REQUEST

Complete this form to transfer funds *from* your GET account *into* another 529 plan (Qualified Tuition Program). Only the GET Account Owner may request a rollover. **Note that the names of the Account Owner and Student Beneficiary in section 1 must match the names of the Account Owner and Student Beneficiary in section 2.**

1. GET Account Information – Tell us which GET account you are rolling funds out of			
Account Number		Account Owner Name	
Student Beneficiary Name		Account Owner Phone Number	

2. Receiving 529 Plan Information - Tell us where to send the funds that you are rolling out of your GET account			
Account Owner Name		Student Beneficiary Name	
Company/Plan Name		Plan Phone Number	
Address		City, State, Zip	
Account Number*		*An account must already be established with the 529 plan that you intend to roll your GET funds into prior to completing this form.	

3. Rollover Authorization
<input type="checkbox"/> I authorize GET to rollover the entire value (contributions and payout value) of this GET account.

**Please note that this form is only for Account Owners wishing to roll over the entire balance of your GET account and therefore close the GET account. However, if you wish to rollover only part of your GET account to another 529 plan, complete a Refund/Cancellation Request form. GET will send you a check in the amount you specify, and you will be responsible for depositing the funds with your preferred payee(s). Note that you must redeposit your GET refund into a qualified 529 plan within 60 days to avoid IRS taxes and penalties (See IRS Publication 970 for more information).*

4. Transaction Authorization – Agree to the terms and conditions below and authorize GET to perform the transaction
<p>As the Account Owner, I certify that:</p> <ul style="list-style-type: none"> ✓ I am the Account Owner of the GET account listed above; ✓ I have read the GET Master Agreement & Program Details; I understand the rules and regulations governing the GET Program; ✓ The information in this form is true, complete and accurate; ✓ I authorize GET to act on instructions on the form believed to be genuine and from me; ✓ I understand that in accordance with IRC Section 529, I am allowed one rollover per 12 month period for the same beneficiary. Exceeding this limit can result in tax and penalty consequences. GET is not responsible for any consequences related to the Account Owner's improper use, transfer or characterization of the rollover; ✓ By signing this form I am giving permission to the "Receiving 529 Plan" to communicate with GET on my behalf regarding this specific transaction; and ✓ I understand that it is my responsibility to determine that the "Receiving 529 Plan" is a qualified 529 plan as described in IRS publication 970. <p>Account Owner Signature: _____ Date: _____</p>

5. Notary Section – This type of transaction requires the Account Owner to sign in the presence of a licensed notary
<p>State of: _____</p> <p>County of: _____</p> <p><i>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.</i></p> <p>Date: _____ Signature: _____</p> <p>Printed Name: _____</p> <p>Title: _____</p> <p>(Seal or Stamp) My Appointment Expires: _____</p>

Send to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or 360.704.6200 (Fax)