

## REIMBURSEMENT REQUEST FORM

- Complete this form to request reimbursement for your out-of-pocket Qualified Higher Education Expenses you incurred **in the current calendar year** (as defined in the GET Master Agreement, Section II.BB).
- Account distributions cannot exceed 150 units per academic year, plus any eligible units rolled over from a prior benefit use year.
- It is important to specify only the amount you wish to be reimbursed for.
- The Student Beneficiary must attend school at least half time to qualify for the payment of room and board expenses. The amount may not exceed the room and board allowance calculated by the college in its Cost of Attendance budget.
- All reimbursement requests for the current calendar year must be **received by the third Friday of December**.
- If these conditions are not met, your reimbursement may be considered a **non-qualified withdrawal**, and the earnings portion may be subject to income tax and a 10% federal tax penalty (see details in IRS Publication 970 – <http://www.irs.gov/publications/p970/index.html>).

Account Information			
Account Number		Account Owner Name	
Student Beneficiary Name		Account Owner Phone Number	
Academic Information			
School Name		<i>Be aware that if you request reimbursement for expenses incurred in a year prior to the current calendar year, your reimbursement may be considered a non-qualified withdrawal and the earnings portion may be subject to income tax and a 10% federal tax penalty.</i>	
Address			
City, State, Zip			
Payment Information			
<i>Please send my payment to*</i>		<i>Total amount requested **</i>	
		<i>All reimbursement requests for the current calendar year must be received by the third Friday of December.</i>	
<input type="checkbox"/> Account Owner	<input type="checkbox"/> Student Beneficiary (requires notarization)	\$ _____	
<small>* All checks will be mailed to the <a href="#">address we have on file</a>. To update your address, please visit online account at <a href="http://www.get.wa.gov">www.get.wa.gov</a> or call us at 1.800.955.2318  **To calculate the number of units you are using, divide the total amount requested by the current payout value.</small>			
Account Owner's Signature – Read the terms and conditions, check each box, and sign and date in the presence of a notary.			
<b>As the Account Owner, I certify that:</b> <ul style="list-style-type: none"> <li>✓ I am the Account Owner of the GET Account listed above.</li> <li>✓ This reimbursement is to pay for qualified higher education expenses as defined by Internal Revenue Code Section 529. I understand that I am responsible for determining whether the expenses for which these funds are used are qualified or non-qualified, and for reporting the 10 percent of earnings penalty for non-qualified distributions on my federal tax return. Qualified higher education expenses include the costs of tuition, fees, room and board, books, supplies, and equipment required for the enrollment or attendance at an eligible institution. IRS rules on qualified and non-qualified higher education expenses are available at: <a href="http://www.irs.gov/pub/irs-pdf/p970.pdf">www.irs.gov/pub/irs-pdf/p970.pdf</a>.</li> <li>✓ I certify that I have read the GET Master Agreement &amp; Program Details; I understand the rules and regulations governing the GET Program.</li> <li>✓ The information in this form is accurate.</li> <li>✓ I authorize GET to act on instructions on the form believed to be genuine and from me.</li> <li>✓ <b>Once you request a distribution at the new unit payout value, you are no longer eligible to request a penalty-free refund of your initial contributions. Please review GET's Refund/Cancellation Policy for more information.</b></li> </ul>			
<b>Account Owner Signature:</b> _____ <small>(Notary must witness signature for payment to student beneficiary)</small>		<b>Date:</b> _____ <small>(Must match date signed by Notary)</small>	
Notary Section – A notary must witness your signature and complete the section below.			
State of: _____ County of: _____  <i>I certify that I know or have satisfactory evidence that (required) _____ 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>			
Date: _____ <small>(Must match date signed by Account Owner)</small>		Signature: _____ Printed Name: _____ Title: _____ My Appointment Expires: _____	
<small>(Seal or Stamp)</small>			

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

**Questions:** GETInfo@wsac.wa.gov or 1.800.955.2318