



**TRANSFER REQUEST**

Use this form to transfer units from one GET account to another. **The maximum lifetime limit per individual student is 500 units.** The student receiving units must be a family member of the student transferring units. According to the IRS, family members include spouses, parents/stepparents, siblings/stepparents, aunts/uncles and first cousins. For a complete list of eligible family members, please review IRS Publication 970 or call us. If you are transferring units to a different Account Owner, we require this form to be notarized. You must send this original, notarized form (i.e. fax or photocopy not accepted), along with the required signatures noted below, to complete your request. We accept faxed or photocopied forms for transfers not requiring a notary.

**Account Owner Information**

Name (First, Middle, Last, Suffix) \_\_\_\_\_ SSN or TIN \_\_\_\_\_  
Street Address/Apartment Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Post Office Box Number \_\_\_\_\_ Telephone Numbers \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**Unit Transfer Information**

Transfer **from** GET account \_\_\_\_\_  
GET Account Number \_\_\_\_\_ Student Beneficiary's Name \_\_\_\_\_  
Transfer **to** GET account \_\_\_\_\_  
GET Account Number \_\_\_\_\_ Student Beneficiary's Name \_\_\_\_\_

- Please choose one:
- Partial unit transfer / number of units to transfer: \_\_\_\_\_
  - Convert this account to lump sum and transfer all units (non-paid-in-full Custom Monthly accounts only).
  - Transfer all units and close this account.
- Note: The maximum lifetime limit per individual student is 500 units.**

**Account Owner's Signature - Required**

*By signing this form, I hereby certify and acknowledge that. The information in this form is true, complete and accurate. I authorize GET, its agents and 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** (Notary must witness signature.) **Date**

**Notary Section** – (Notarization of the Account Owner's signature is required only if units are being transferred to a different Account Owner)

State of \_\_\_\_\_  
County of \_\_\_\_\_  
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.  
Date \_\_\_\_\_ Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
(Seal or Stamp) Title \_\_\_\_\_  
My appointment expires \_\_\_\_\_