G E T

Guaranteed Education Tuition℠

Tomorrow's college tuition at today's prices.

Benefit Use Form

Please send completed form to:
GET Correspondence, P.O. Box 43450, Olympia, WA 98504-3450

Beneficiary

Beneficiary Street Address (Include Apartment Number or Suite)

City | State | Zip

Work Phone (Area Code and Phone Number) | Evening Phone (Area Code and Phone Number)

Purchaser Social Security Number | Beneficiary Social Security Number

I intend to enroll at

Name of College or University

City | State | Zip

Please Circle Appropriate Institution

4-Year Public College Private College 2-Year College Out of State Other _____

(Please check one of the following and write the corresponding year)

☐ Fall of _____ ☐ Summer of _____

☐ Spring of _____ ☐ Winter of _____

☐ Other _____

☐ I will not be attending college this year, I will notify the Program before I plan to enter college.

Purchaser Signature | Beneficiary Signature

Please sign to validate request.
Failure to promptly notify program of your intention to enroll in college may result in penalty.