

## GET Enrollment Form 2018-2019

### Did you know there is no fee for online enrollment?

Please consider enrolling online! The process is quick and easy.  
Please visit our website at [www.get.wa.gov](http://www.get.wa.gov) and select the online enrollment option.

**\*\*PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING ENROLLMENT FORM\*\***  
**\*\*\*YOUR ENROLLMENT FORM MUST BE POSTMARKED BY MAY 31, 2019\*\*\***

SECTION 1. ACCOUNT OWNER – Please select one only			
<input type="checkbox"/> <b>Individual Account Owner</b>  <p><b>(Please check one)</b></p> <input type="checkbox"/> Check here if the Account Owner is an individual 18 or older.	<b>← OR →</b>	<input type="checkbox"/> <b>Other Account Owner Type</b>  <p><b>(Please check one) (Documentation may be required)</b></p> <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 TIN 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	Date of Birth (MM/DD/YYYY) (Required)	
Mailing Address (complete address including Apt # or PO Box)			
City	State	Zip	Email (Required)
Home phone #	Work phone #	ext. X	Other phone # (specify type)
<b>How did you hear about the GET Program?</b> <input type="checkbox"/> Website/Internet <input type="checkbox"/> Employer <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	Date of Birth (MM/DD/YYYY) (Required)	
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 (optional)
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 (BUY)**Is the Student Beneficiary currently in school?  No  Yes, current grade is \_\_\_\_\_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"/> <b>Lump Sum Plan</b>		<input type="checkbox"/> <b>Custom Monthly Plan</b>	
A. Current Unit Purchase Price	\$ 113	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 <input type="checkbox"/> 550 <input type="checkbox"/> 600	
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). Indicate if you would like a coupon book to purchase additional Units for your Account (Section 6 below).	\$ _____	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. Indicate if you would like a coupon book (Section 6 below). \$ _____	

**\*PLEASE NOTE: We can only accept checks, money orders or electronic payments. We do not accept cash or credit/debit card payments.****SECTION 6. 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 website at [www.get.wa.gov](http://www.get.wa.gov), and will give it to my payroll department. View a list of participating GET Payroll Deduction Employers at [www.get.wa.gov/employee-payroll-deduction](http://www.get.wa.gov/employee-payroll-deduction).
- C. Yes, I want to make payments by mailing a paper check, along with a payment coupon. Please send me a book of payment coupons with my specific Account information that I can include with each payment. Access generic payment coupons at [www.get.wa.gov/forms](http://www.get.wa.gov/forms).
- D. 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/forms](http://www.get.wa.gov/forms).

**SECTION 7. ENROLLMENT FEE – Select one of the options below: (Enrollment fee waived for online enrollment)**

- 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 am not enclosing the \$50 enrollment fee because I believe I qualify for an enrollment fee waiver (see page 4 of the attached instructions). I understand that the GET Program has final authority to approve 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. Accounts that have been refunded, canceled or rolled over to another 529 plan are not included as eligible 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 the Program Details Booklet 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 if under 18 years of age) or Trustee/Authorized Representative**

X

Date

**SECTION 9. OTHER PERSONS****(A) ACCOUNT OWNER SURVIVOR - Only one allowed (Required)**

Who do you want to become the Account Owner in the event of the Account Owner's death? If left blank your estate will become the Account Owner

 **Student Beneficiary**, skip to Part B       **Account Owner's estate**, see page 4 of the instructions.       **Other person**, specified below

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix (Jr., etc.) \_\_\_\_\_

SSN/TIN (Required) \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth (MM/DD/YYYY) (Required) \_\_\_\_\_

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) \_\_\_\_\_  
XDo you also want to authorize the Account Owner Survivor to receive limited information about your Account?\*  **Yes**  **No****(B) INFORMATION RELEASE - No limit**

Do you want to authorize another individual, other than the Account Owner or Student Beneficiary, to receive limited information about your Account?\*

 **Yes**, complete this section       **No**, skip to Part C.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix (Jr., etc.) \_\_\_\_\_

SSN/TIN (Required) \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth (MM/DD/YYYY) (Required) \_\_\_\_\_

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**(C) LEGAL GUARDIAN**

Is the Account Owner listed in Section 2 a minor (under 18 years of age)?

 **Yes**, you MUST complete this section       **No**, skip to next section

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix (Jr., etc.) \_\_\_\_\_

SSN/TIN (Required) \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth (MM/DD/YYYY) (Required) \_\_\_\_\_

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**\*PLEASE NOTE: Once the minor Account Owner reaches the age of majority, the Guardian will be removed from the Account and we will request new contact/login information from the Account Owner.**

\*The Program cannot release personal information regarding the Account including the Account Owner's Login ID and password to the Information Release Person.

**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 \$20,000  \$20,000-\$29,999  \$30,000-\$39,999  \$40,000-\$49,999  \$50,000-\$64,999

\$65,000-\$79,999  \$80,000-\$99,999  \$100,000-\$129,999  Over \$130,000  Decline to Answer

**Account Owner's Education (check highest grade completed):**  Some High School  High School Graduate/GED  Some College

Associate Degree/Certificate  Bachelor's Degree  Master's Degree  Doctoral 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 (ACH) – Optional (This can also be setup online)**

**Bank Account Holder:**

Last Name

First

Middle

Suffix (Jr., etc.)

SSN/TIN (Required)

Gender:

Date of Birth (MM/DD/YYYY) (Required)

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)

**Bank Account Type:**  Checking  
 Savings

**GET Account Type:**  Lump Sum  
 Custom Monthly

**Automatic Withdrawal Amount** \$ \_\_\_\_\_ (per month)  
(See amount you listed in Section 5)

**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 below and the financial institution indicated below 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 15<sup>th</sup> day of each month or on the next business day if the 15<sup>th</sup> 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 15<sup>th</sup> 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**

**\*\*\*YOUR ENROLLMENT FORM MUST BE POSTMARKED BY MAY 31, 2019\*\*\***

## GET Enrollment Form 2018-2019 Instructions

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- PLEASE PRINT OR TYPE ALL INFORMATION except your signature.
- Carefully read the GET Enrollment Guide and Program Details Booklet before enrolling in GET. Copies are available at the program website at [www.get.wa.gov](http://www.get.wa.gov). If you need additional information or assistance in completing this enrollment form, please contact us at GETInfo@wsac.wa.gov or call TOLL-FREE 1.800.955.2318, 8 a.m. to 11:45 a.m. and 1 p.m. to 4:30 p.m., PT, Monday through Friday (except state holidays).
- Complete a separate enrollment form for each Student Beneficiary you enroll in the program.
- Complete all applicable sections of the enrollment form, or your account set-up may be delayed.
- Sign and date your enrollment form.
- If you are enclosing a rollover payment from another 529 program, US Savings Bonds or a Coverdell Education Savings Account, enclose documentation (e.g., Account statement or other documentation) indicating the principal and earnings portion of the rollover amount. See the GET Master Agreement in the Program Details Booklet for further details.
- Pay the one-time \$50 enrollment fee per Student Beneficiary at time of enrollment. A maximum of \$100 per family is charged where all Accounts have the same Account Owner, and the Student Beneficiaries live at the same address (refunded, canceled and rolled over Accounts are not eligible). See specific instructions in Section 7 for more details. Note that you can enroll online to avoid this fee.
- Make checks payable to Guaranteed Education Tuition. You may write one check for both the enrollment fee and Lump Sum Units purchased.
- Submit form to: Guaranteed Education Tuition, PO Box 84824, Seattle WA 98124-6124

### **Enrollment forms must be completed online or postmarked by May 31, 2019.**

#### **Important Payment Information:**

Processing your enrollment form may take 30 days or more. Therefore, if you are enrolling in April or May, you may not receive enrollment confirmation or an Account number before the Unit Purchase Price changes on July 1, 2019. We strongly recommend including funds for any Lump Sum Units you are purchasing with your enrollment form to ensure that you are purchasing the Units at the current \$113 Unit Purchase Price. Payments must be **RECEIVED** by June 25, 2019, to purchase Lump Sum Units at the current \$113 Unit Purchase Price.

If you are purchasing a Custom Monthly Plan, your payments will be due on the 15<sup>th</sup> of the month, starting 60 to 90 days from the program's receipt of this enrollment form. If you asked to receive a coupon book (see *Section 6*), you should receive the coupon book approximately 2-3 weeks before your first payment is due.

#### **SPECIFIC INSTRUCTIONS:**

##### **Section 1 – Account Owner**

The Account Owner is the individual responsible for payment and is the only one who may make changes to the Account. If the Account Owner is an individual person, complete the "Individual Account Owner" section. **ONLY ONE INDIVIDUAL CAN BE THE ACCOUNT OWNER.** If the Account Owner is a trust, corporation, non-profit or other entity type, complete the "Other Account Owner Type" section. The Account Owner **or** the Student Beneficiary must be a resident of Washington State to enroll in the program.

##### **Individual Account Owners**

Select the correct option and follow the instructions on the enrollment form.

##### **Other Account Owner Types**

Enter the legal name of the existing trust\* (exactly as shown on your trust documents), corporation, non-profit or other legal entity type to be listed as the Account Owner. Enter the entity's Federal Employer Identification Number (EIN) or Taxpayer Identification Number (TIN). GET is required to obtain this information for federal tax reporting purposes.

\*A trust must be previously established before being named as the Account Owner. Trust documentation is required within 60 days of establishing this Account. If you are unable to provide the trust documentation in its entirety, we require the pages that include the following: Full legal name of the trust, the tax identification number of the trust, and legal names of all trustees and their notarized signatures. Only one Trustee will be allowed on the Account to make changes or gain login information. All other Trustees named in the documentation can be added to the Account as Information Release Persons.

##### **Section 2 – Contact Information**

For Individual Account Owners: Enter the legal name of the Account Owner (one person only). Enter the Account Owner's Social Security number. GET is required to obtain this information for tax reporting purposes. Enter the Account Owner's date of birth, gender, mailing address, phone number(s), and email. Due to our Account login process, the Account Owner's email is required. It must be unique to this Account Owner as it is a primary identifier in the user authentication process.

For Other Account Owner Types: Enter the name of the individual who is authorized to sign on behalf of the entity. In the case of an existing trust, the Trustee is usually the Authorized Representative. A copy of trust documents verifying the Authorized Representative must be provided. In the case of a non-profit organization or corporation, an officer of the entity is usually considered the Authorized Representative.

**Section 3 – Student Beneficiary**

If the Student Beneficiary already has an Account with GET where you are listed as the Account Owner, and you wish to purchase more Lump Sum Units, you do not need to complete an additional enrollment form. Simply note on your payment coupon that this is a Lump Sum Unit purchase and mail it with the payment to: GET, PO Box 84824, Seattle WA 98124-6124. Please contact us at GETInfo@wsac.wa.gov or 1.800.955.2318 for further guidance.

If the Account Owner is also the Student Beneficiary for the new Account, write "SAME AS ACCOUNT OWNER" in Section 3 and skip to Section 4. Otherwise, enter the Student Beneficiary's legal name. Enter the Student Beneficiary's Social Security number. Social Security number is required at enrollment. GET is required to obtain this information for tax reporting purposes. Enter the Student Beneficiary's birth date, gender, mailing address, email and phone number(s).

**Section 4 – Projected Benefit Use Year**

Enter the academic year you expect the Student Beneficiary to enter college. See Chart A below.

**CHART A – Student Beneficiary’s Projected Benefit Use Year**

<u>Student Beneficiary Age/Grade as of August 31, 2018</u>	<u>Projected Benefit Use Year</u>	<u>Student Beneficiary Age/Grade as of August 31, 2018</u>	<u>Projected Benefit Use Year</u>
Born after August 31, 2018	Fall 2037	3rd Grade	Fall 2028
Newborn, less than Age 1	Fall 2036	4th Grade	Fall 2027
Age 1	Fall 2035	5th Grade	Fall 2026
Age 2	Fall 2034	6th Grade	Fall 2025
Age 3	Fall 2033	7th Grade	Fall 2024
Age 4/5 (not in Kindergarten)	Fall 2032	8th Grade	Fall 2023
Kindergarten	Fall 2031	9th Grade	Fall 2022
1st Grade	Fall 2030	10th Grade	Fall 2021
2nd Grade	Fall 2029	11th Grade	Fall 2021*
		12th Grade and Adults	Fall 2021*

\*Washington law requires a two-year wait before benefits may be used. Custom Monthly Plans purchased this year will be available, at the earliest, if paid in full, for fall 2021. When you buy a GET unit, you pay more than the current payout value, meaning it may take several years for your account to exceed the price you paid. Please note that, generally, the longer the units remain in your account, the more likely it is that the unit payout value will exceed your unit purchase price. However, the State does not guarantee that you will make money. If in-state tuition decreases in the future, GET units may lose value.

**Section 5 – Plan Selection**

The GET Program offers two types of plans: The Lump Sum Plan and the Custom Monthly Plan. Can't decide? Save through both plans. If you open a Custom Monthly Plan Account, you can buy Lump Sum Units at any time. See Chart B for a summary of the plans.

If you are selecting the Lump Sum Plan, check the appropriate box and provide GET with the number of Lump Sum Units you are paying for today and the total amount you are enclosing with the enrollment form for these Units. You must purchase at least one Unit in addition to paying the application fee. **Note: we do not accept credit/debit cards for Unit purchases.**

If you are selecting the Custom Monthly Plan, review Chart C to determine your monthly payment. Mark the number of Units you are contracting for and the number of years you will be making payments. For example, if your Student Beneficiary is currently six months old and you wanted to purchase 200 Units, Chart A shows a projected benefit use year of fall 2036. Chart C shows that you may make payments for up to 17 years based on a fall 2036 projected benefit use year. As you scan across Chart C, you find the column labeled 200 Units. Your monthly payment will be \$197 on a 17-year monthly payment schedule. If you scan down that same column, you can see that by paying \$228 per month, you can make payments for only 13 years. You can reduce the total finance charge on a Custom Monthly Plan by selecting a shorter term. You can reduce the amount of your monthly payment by selecting a longer term. In this example, you cannot select a term longer than 17 years because the Account must be paid in full for the Student Beneficiary to use the Units in 2036. After making all payments, the Student Beneficiary will have 200 Units eligible for use, of which 150 may be used in any one academic year. Eligible unused Units from one year automatically roll over to the next year.

## CHART B – Lump Sum and Custom Monthly Plan Comparisons

Lump Sum and Custom Monthly Plan Comparisons	Lump Sum Plan	Custom Monthly Plan
What is the minimum Unit purchase?	You must buy one Unit within 90 days of opening the Account. After making the minimum purchase, you may buy Units in any increment including fractional Units.	Sold in increments of 50 Units.
What is the maximum number of Units that I can purchase?	You may buy up to 600 Units for each Student Beneficiary. Although a Student Beneficiary may have more than one Account, the total combined Units cannot exceed the 600 Unit lifetime maximum per Student Beneficiary.	You may buy up to 600 Units for each Student Beneficiary. Although a Student Beneficiary may have more than one Account, the total combined Units cannot exceed the 600 Unit lifetime maximum per Student Beneficiary.
Is there a difference in the price of the Units?	The current Unit Purchase Price is \$113. The Unit Purchase Price is set annually and may also be adjusted once during the year. You pay whatever the current Unit Purchase Price is at the time we <b>RECEIVE</b> your payment. All payments to purchase Lump Sum Units at the \$113 Unit Purchase Price must be <b>received</b> by June 25 <sup>th</sup> .	The Unit Purchase Price is fixed at \$113 for the current enrollment period and a 7.5% finance charge, small interest adjustment and \$1.54 payment processing fee are included in your monthly payment. Your set monthly payment will not increase, even when Unit Purchase Prices increase.
When can the Student Beneficiary begin using the Units?	<ul style="list-style-type: none"> <li>• You must hold each Unit from the time of purchase for a minimum of two years. You may need several years before the Unit Payout Value exceeds the Unit Purchase Price.</li> <li>• The Student Beneficiary must be enrolled in an eligible institution of higher education.</li> <li>• The Student Beneficiary must reach the Benefit Use Year. You can contact us if you need to change this year.</li> </ul>	<ul style="list-style-type: none"> <li>• The contract must be paid in full.</li> <li>• The Account must be open for at least two years (with the 7.5% finance charge, you may need several years before the Account payout value exceeds your contributions).</li> <li>• The Student Beneficiary must be enrolled in an eligible institution of higher education.</li> <li>• The Student Beneficiary must reach the Benefit Use Year. You can contact us if you need to change this year.</li> </ul>
Can other people make contributions/gifts?	Anyone can make contributions to the Account as long as your account does not exceed 600-Unit maximum.	Anyone can make contributions to the Account as long as your account does not exceed 600-Unit maximum. A giftor can specify whether the contribution is to be applied to the set monthly payment or to purchase Lump Sum Units at the Unit Purchase Price in effect at time the payment is received.
Do I have a payment due date?	No. You contribute at any time based on the Unit Purchase Price in effect at the time the payment is received. You can set up monthly payments that buy units at the price in effect at the time of payment.	Yes. Payments are due the 15 <sup>th</sup> day of the month. A \$10.00 late fee will be posted to your Account if we do not receive the payment received within ten days of the due date.

## CHART C – Custom Monthly Plan Payments

Projected Benefit Use Year	Contract Term (years)	Custom Monthly Plan Units											
		50	100	150	200	250	300	350	400	450	500	550	600
2037	18	\$49	\$97	\$144	\$191	\$239	\$286	\$333	\$381	\$428	\$475	\$523	\$570
2036	17	\$51	\$99	\$148	\$197	\$246	\$294	\$343	\$392	\$440	\$489	\$538	\$587
2035	16	\$52	\$103	\$153	\$203	\$253	\$304	\$354	\$404	\$454	\$505	\$555	\$605
2034	15	\$54	\$106	\$158	\$210	\$262	\$314	\$366	\$419	\$471	\$523	\$575	\$627
2033	14	\$56	\$110	\$164	\$219	\$273	\$327	\$381	\$435	\$489	\$543	\$597	\$652
2032	13	\$59	\$115	\$172	\$228	\$285	\$341	\$398	\$454	\$511	\$568	\$624	\$681
2031	12	\$61	\$121	\$180	\$240	\$299	\$358	\$418	\$477	\$537	\$596	\$656	\$715
2030	11	\$65	\$128	\$190	\$253	\$316	\$379	\$442	\$505	\$567	\$630	\$693	\$756
2029	10	\$69	\$136	\$203	\$270	\$337	\$404	\$471	\$538	\$605	\$672	\$738	\$805
2028	9	\$74	\$146	\$218	\$290	\$362	\$434	\$506	\$578	\$650	\$722	\$794	\$866
2027	8	\$80	\$159	\$237	\$316	\$394	\$473	\$551	\$630	\$708	\$787	\$865	\$943
2026	7	\$89	\$176	\$262	\$349	\$436	\$523	\$609	\$696	\$783	\$870	\$956	\$1,043
2025	6	\$100	\$198	\$296	\$394	\$492	\$589	\$687	\$785	\$883	\$981	\$1,079	\$1,177
2024	5	\$116	\$229	\$343	\$456	\$570	\$683	\$797	\$911	\$1,024	\$1,138	\$1,251	\$1,365
2023	4	\$139	\$276	\$414	\$551	\$688	\$825	\$962	\$1,100	\$1,237	\$1,374	\$1,511	\$1,648
2022	3	\$179	\$355	\$532	\$709	\$886	\$1,062	\$1,239	\$1,416	\$1,592	\$1,769	\$1,946	\$2,122
2021	2	\$258	\$514	\$770	\$1,026	\$1,282	\$1,538	\$1,793	\$2,049	\$2,305	\$2,561	\$2,817	\$3,073
2021	1	\$496	\$990	\$1,484	\$1,978	\$2,472	\$2,966	\$3,460	\$3,954	\$4,448	\$4,942	\$5,436	\$5,930

## **Section 6 – Payment Options**

The GET Program offers a variety of payment options including: automatic monthly bank withdrawals, payroll deduction, mailed paper check, and customer-directed bank transfers through our secure website. For more details about these options, please refer to our 2018-2019 Enrollment Guide. If you choose to send your payments by mail, you can request that we send you a coupon book for Lump Sum and/or Custom Monthly Plan purchases. If you want to initiate any of other payment options, please check the appropriate boxes and submit the information required. **Note:** We do not accept cash or credit/debit card payments.

## **Section 7 – Enrollment Fee**

The GET Program charges a one-time non-refundable \$50 enrollment fee per Student Beneficiary when you enroll using the paper form. There is no enrollment fee for online enrollment (it's easy to enroll online at [www.get.wa.gov](http://www.get.wa.gov) and only takes a few minutes). If you are paying the enrollment fee by check or money order, check box A. **The enrollment fee is due at the time of enrollment.** You may qualify for an enrollment fee waiver if you meet the following criteria:

1. Are you the designated Account Owner for more than two active Accounts (not canceled, refunded, or rolled out) for Student Beneficiaries living at the same address?  Yes  No
2. Have you paid the maximum \$100 in enrollment fees on the Accounts in Question 1?  Yes  No

If you answered yes to both of these questions, you may qualify for an enrollment fee waiver. Check box B and provide the GET Account number (or SSN if you are opening the other Accounts today and do not have an Account number yet) and Student Beneficiary name for the Accounts where the \$50 enrollment fee has been paid. The enrollment fee waiver is subject to final approval by the GET Program.

## **Section 8 – Signature**

The Individual Account Owner must sign the enrollment form. If the Account Owner is a minor (under the age of 18), the Legal Guardian must sign the form and complete Section 9, Part C.

For Other Account Owner Types, the individual authorized to sign on behalf of the entity must sign the form. In the case of a trust, the trustee is usually the Authorized Representative. In the case of a non-profit organization or corporation, an officer of the entity is usually considered the Authorized Representative.

## **Section 9 – Other Persons (Please Note: Only the Account Owner can make changes to the Account.)**

**Part A** – Use this section to name an Account Owner Survivor for this Account. The Account Owner Survivor will become the owner of the Account upon the original Account Owner's death. All rights and obligations of this agreement transfer to this Account Owner Survivor. Failure to assign an Account Owner Survivor will result in all rights and obligations automatically transferring to the Account Owner's estate. **Note:** If you want to authorize GET to release limited information to the Account Owner Survivor, check the box and they will be included as an Information Release. Contact the GET Program office for more information.

**Part B** – You may authorize GET to release information regarding your Account to another person(s) such as a spouse, grandparent or guardian. If you wish to authorize someone (in addition to the Account Owner) to receive limited inquires on this Account, complete Part B. Please note that the program will only provide the login ID and PIN for online Account access to the Account Owner.

**Part C – Only complete this section if the Account Owner identified in Section 2 is less than 18 years old.** A Legal Guardian must be designated when the Account Owner is a minor. Please note that once the minor Account Owner reaches the age of 18, the Guardian will be removed from the Account and new contact/login information will be requested from the Account Owner.

## **Section 10 – Demographic Information**

This information is optional. However, it does give the GET Program a better understanding of GET customers, which helps when considering upgrades and improvements to the program. Demographic information is reported at the aggregate level; GET never shares individual Account demographic or contact information with any other entity.

## **Section 11 – Automatic Withdrawal Authorization – (Optional)**

If you checked box A in Section 6, please complete this section. Completing this section authorizes GET to automatically withdraw money from your bank or credit union Account and deposit it directly into your GET Account. Payments are deducted on the 15th day of each month or the following business day for Custom Monthly Plans, or on a date you select for Lump Sum Plans. You may choose to make your Custom Monthly Plan payment using this option, or you can opt to purchase Lump Sum Units in this manner. Please provide information for the bank account holder. This person may be different than the person listed as the Account Owner on the Account but you must include the bank account holder's authorizing signature.