

STUDENT BENEFICIARY CHANGE

- Use this form to change the Student Beneficiary named on your Account.
- An original, completed, signed and notarized form must be submitted to complete your request.
Faxed and photocopied forms will not be accepted.
- The new Student Beneficiary must be a Family Member of the current Student Beneficiary. “Family Member” includes parents/stepparents, siblings/stepsiblings, spouses, aunts/uncles and first cousins. See the GET Master Agreement for a complete list of persons meeting the definition of Family Member.

Current Account Information

Account Number _____

Account Owner _____

Current Student Beneficiary Name _____ SSN or TIN _____

Name _____ SSN or TIN _____

New Student Beneficiary Information

Name (First, Middle, Last, Suffix) _____

SSN or TIN _____

Birth Date _____

Benefit Use Year _____

Street Address/Apartment Number _____

Post Office Box Number _____

City/State/Zip Code _____

Email Address _____

Telephone Numbers _____

Home _____ Work _____ Other (Please specify type.) _____

Account Owner’s Signature - Required

I authorize this change of Student Beneficiary for my Account and I certify that

- The new Student Beneficiary is a Family Member of the current Student Beneficiary, as defined in the Master Agreement.
- I have full authority and legal capacity to Units and to open a new GET Account.
- I have received and agree to the terms set forth in the Master Agreement and Program Details and will retain a copy of these documents for my records. I understand that GET from time to time may amend the Master Agreement and Program Details, and I understand and agree that I will be subject to the terms of those amendments.
- The information I have provided on this form—and all future information I will provide with respect to my Account—is true, complete, and correct.

Account Owner’s Signature _____ (Notary must witness signature.) Date _____ (Must match date signed by Notary)

Notary Section - Required

State of _____

County of _____

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.

(Seal or Stamp) Date _____ (Must match date signed by Account Owner) Signature _____

Printed Name _____

Title _____

My appointment expires _____

Send to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450