CHANGE OF STUDENT BENEFICIARY

GET
GUARANTEED EDUCATION TUITION

- Use this form to change the Student Beneficiary named on your Account. This can also be done through your online 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. For a complete list of eligible family members, please review IRS Publication 970 or call us.

Current Account Information

Account Number _____

Account Owner _____ Name _____ SSN or TIN

Current Student Beneficiary _____ Name _____ SSN or TIN

New Student Beneficiary Information

Name (First, Middle, Last, Suffix) _____

SSN or TIN **(required)** _____

Birth Date **(required)** _____

Benefit Use Year (date that beneficiary will start using GET funds) Month: _____ Year: _____ **(required)**

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 by IRS Publication 970.
- 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.

Date _____ (Must match date signed by Account Owner)

Signature _____

Printed Name _____

(Seal or Stamp)

Title _____

My appointment expires _____

(Notary signature and name on seal must match exactly)

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

Questions: GETInfo@wsac.wa.gov or 1.800.955.2318