



CUSTODIAN SURVIVOR AUTHORIZATION

Custodian: Use this form to designate one person to assume control of this account in the event of your death or incapacity (Custodian Survivor). The Custodian acts on behalf of the Account Owner until he or she turns 18 years old. This new Custodian Survivor will replace all previously named Custodian Survivors.

Current Account Information

Account Number _____

Account Owner/Student Beneficiary _____

Custodian _____

	Name	SSN or TIN
	Name	SSN or TIN

Custodian Survivor Information

Name (First, Middle, Last, Suffix) _____

SSN or TIN *(Required)* _____

Birth Date _____

Street Address/Apartment Number _____

Post Office Box Number _____

City/State/Zip Code _____

Email Address _____

Telephone Numbers _____

Home	Work	Other (Please specify type)
------	------	-----------------------------

Please check here if you would like to authorize this person to receive verbal information about this account.

Custodian's Signature - Required

Only the Custodian may authorize changes to this account.

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 its affiliates to act on instructions in this form believed to be genuine and from me. I authorize these requested changes to my Account.

Custodian's Signature	Date
-----------------------	------