CUSTODIAN AUTHORIZATION

GET
Guaranteed Education Tuition™

Use this form to name the Custodian of the UGMA/UTMA funds contributed to your GET Account. The Custodian controls the account and signs all documents until the account owner turns 18. Refer to the GET Program Details and the Master Agreement for additional details.

GET Account Information

GET Account Number _____

Account Owner _____ Name _____ SSN or TIN

Student Beneficiary _____ Name _____ SSN or TIN

Account Owner Information

Has the Account Owner's contact information changed? ☐ **Yes**, complete this section. ☐ **No**, skip this section.

Street Address/Apartment Number _____ Post Office Box Number _____

City/State/ZIP _____ Email Address _____

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

Custodian Information

Name (First, Middle, Last, Suffix) _____

SSN or TIN _____

Birth Date _____

Street Address/Apartment Number _____

Post Office Box Number _____

City/State/Zip Code _____

Email Address _____

Telephone Numbers _____ Home _____ Work _____ Other (Please specify type)

Custodian's Signature – *Required*

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. As the Custodian of this account, I accept and agree to act under the terms of the UGMA or UTMA and agree to all terms and conditions of the GET Master Agreement. I authorize these requested changes to my Account.

_____ **Custodian's Signature** _____ **Date**

Send to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or 360.704.6200 (Fax)

Rev 11/2013 **Questions:** GETInfo@wsac.wa.gov or 1.800.955.2318