



CUSTODIAN AUTHORIZATION

Use this form to designate the Custodian of the UGMA/UTMA funds contributed to your GET Account. The Custodian acts on behalf of the Account Owner until he/she turns 21. 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 (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.) _____

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 this Account.

Custodian's Signature

Date

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

Rev 11/2017

Questions: GETInfo@wsac.wa.gov or 1.800.955.2318