MASTER SCHOLARSHIP ENROLLMENT FORM (PAGE 1 OF 3)

GET Guaranteed Education Tuition™

- An Organization, as defined in the GET Master Agreement, may use this form to establish a new Master Scholarship Account for participants in its Scholarship program.
- The Organization must be registered and/or licensed to do business in Washington State.
- You ***do not*** need to also complete the *GET Enrollment Form*.
- Refer to the GET Program Details Booklet and the Master Agreement; and the Master Scholarship Account Policy for additional details.
- If you are completing this form on behalf of a 501(c)(3) tax exempt Organization, you must also provide the articles of incorporation or other documents, including an IRS determination letter indicating that the organization is currently operating as a 501(c)(3) tax exempt organization. Unless otherwise indicated, capitalized terms have the same meaning as those in the GET Program Details Booklet and Master Agreement currently in effect.

1. Organization Information

Organization Type: ❑ State or Local Government ❑ 501(c)(3) Tax-Exempt Organization

Organization Name: _____ Tax ID # (TIN/EIN): _____

Mailing Address (Street, Apt/St and/or PO Box #): _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____ Ext.: _____

2. Organization Authorized Representative

The Authorized Representative is ***<u>the only person who may make changes</u>*** *to the Account or request a Refund. All correspondence will be addressed to the Authorized Representative. If the Authorized Representative changes, you MUST notify GET in writing and provide information regarding the new Authorized Representative.*

Last Name: _____ First Name: _____ Middle: _____ Suffix (Jr, etc.) _____

Mailing Address: ❑ *Check here to use the same address as listed in Section 1*

Street, Apt/St and/or PO Box #: _____

City: _____ State: _____ Zip: _____

SSN/TIN: _____ Email Address: _____

Home/Cell Phone: _____ Work Phone: _____ Ext. _____

3. Information Release Person

You may authorize GET to release verbal information regarding this Account to another person in addition to the person listed in Section 2 above. Please provide the following information about this individual.

Last Name: _____ First Name: _____ Middle: _____ Suffix (Jr, etc.) _____

Mailing Address: ❑ *Check here to use the same address as listed in Section 1*

Street, Apt/St and/or PO Box #: _____

GET Guaranteed Education Tuition℠

City: _____ State: _____ Zip: _____

SSN/TIN: _____ Email Address: _____

Home/Cell Phone: _____ Work Phone: _____ Ext.: _____

4. Selection of Initial Funding Level *(Note: You will enter payment information in Section 6 below)*

You may purchase from 1 to 5,000 Units in a Master Scholarship Account. You must purchase at least one Unit at this time but may add additional Units up to the maximum at any time in the future at the Unit price in effect at the time of receipt of your payment.

Indicate the dollar amount you are enclosing to purchase Lump Sum units for this account:

$ _____

5. Account Set-Up Fee *(Note: You will enter payment information in Section 6 below)*

The non-refundable $100 Account Set-up Fee must be included when this form is submitted. Please indicate your agreement and understanding by checking the box below:

❑ I agree to pay the $100.00 Account Set-up Fee to the Program. I understand that this $100.00 Account Set-up Fee is non-refundable.

6. Payment Instructions

Please enclose a personal check, cashier's check or money order made payable to ***Guaranteed Education Tuition, or GET*** *for the Total Amount Due. The Unit price is set annually and may also be adjusted once during the year.* ***To ensure you receive the current Unit price, it is strongly recommended that you send your payment with this Master Scholarship Enrollment Form.***

DUE NOW: ***Enclose check or money order with this Master Scholarship Enrollment Form***

1) $100.00 Enrollment Fee: $ _____

2) Payment for Lump Sum Units: $ _____

Total Amount Due Now: $ _____

7. Signature of Authorized Representative

By signing this Master Scholarship Enrollment Form I agree and certify to the following:

- The Organization meets the definition of "Organization" in the Master Agreement.
- I have completed all required sections of this Form and certify that the information provided is true and accurate to the best of my knowledge.
- I have read, fully understand and agree to all the terms and conditions of the Master Agreement and the Program Details Booklet and acknowledge that penalties and fees may apply for Account cancellation/termination.

- I understand and agree that the Organization will abide by, adhere to, and fulfill its obligations in administering the Scholarship program in accordance with its terms, including terms for eligibility and forfeiture of scholarship funds that the Organization provided to the participants, eligible recipients or Students. Furthermore, in the event the Organization elects to discontinue its Scholarship program, it hereby agrees to continue to honor the terms of the Scholarship program as they apply to recipients that were awarded the Scholarship funds, provided those recipients remain eligible at the time of Distribution under the Scholarship program terms, which includes using the awarded funds solely for Qualified Higher Educational Expenses at Eligible Institutions.
- I understand that GET is not responsible for any tax impact that may be associated with the Organization's participation in GET and the Scholarship program, including but not limited to, any forfeiture of funds from the Scholarship program. The Organization agrees to be solely responsible for the payment of all applicable taxes.
- For the duration of this Scholarship program, GET shall produce and distribute 1099-Q forms to Organization and the IRS for all Distributions from the Master Scholarship Account. However, GET shall not be responsible for producing or distributing individual 1099-Q forms to the individual participants or eligible recipients who have not opened an individual Account in GET.
- I understand that none of the State of Washington or any other governmental entity and their respective affiliates, officers, agents and employees (**GET Officials**), are responsible for administration of the Scholarship program and that none of 529 Plan Officials determines eligibility to participate in the Scholarship program or determines who is eligible to receive Scholarship funds.
- The Organization agrees to indemnify and hold harmless the GET Officials from and against any and all claims that may arise or do arise by reason of any acts or omissions of the Organization (including its officers, employees, representatives, agents, affiliates and permitted delegates) in breach of the Master Agreement and this Master Scholarship Account Enrollment Form.
- I certify that I have signature authority for the Organization Listed in Section 1.

Signature of Organization Authorized Representative: _____ Date: _____

Print Full Name: _____