

## OUTGOING ROLLOVER REQUEST

- Use this form to transfer funds from your GET account into another 529 plan (Qualified Tuition Program).
- Do not use this form to transfer funds from your GET account into the DreamAhead College Investment Plan.
- Only the **GET Account Owner** may request a rollover.
- The Account Owner and Student Beneficiary **names listed in section 1 of this form must match the names listed in section 2.**
- Only complete this form if you wish to rollover **your entire GET account balance, and therefore close your GET account.**
- You must **open an account with the 529 plan that you intend to roll your GET funds into before completing this form.**
- It is estimated that it will take **two to three weeks to process properly completed forms** after the form is received in the GET office. It may take longer if any information is missing or incorrect, or because of changes in GET staffing levels or workloads.
- Because we cannot predict the time needed to process this rollover document, the **GET Committee is not liable for any change in market conditions.**

<b>1. GET Account Information – Tell us which GET account you are rolling funds out of</b>			
Account Number		Account Owner Name	
Student Beneficiary Name		Account Owner Phone Number	
<b>2. Receiving 529 Plan Information - Tell us where to send the funds that you are rolling out of your GET account</b>			
Account Owner Name		Student Beneficiary Name	
Company/Plan Name		Plan Phone Number	
Plan Address		City, State, Zip	
Account Number			
<b>3. Rollover Authorization</b>			
<input type="checkbox"/> I authorize GET to rollover the entire value (contributions and/or payout value) of this GET account.			Initial _____
<b>4. Transaction Authorization – Agree to the terms and conditions below and authorize GET to perform the transaction</b>			
<i>I certify that (read each of the following statements and sign below to signify your understanding and to authorize GET to process this rollover):</i>			
<input checked="" type="checkbox"/> I am the Account Owner of the GET account listed above and understand my other account options, in lieu of a rollover;			
<input checked="" type="checkbox"/> I authorize GET to roll over the entire value of this GET account;			
<input checked="" type="checkbox"/> I understand that this rollover is non-reversible, and that this rollover may or may not be in my best financial interest;			
<input checked="" type="checkbox"/> I have read the GET Master Agreement & Program Details; I understand the rules and regulations governing the GET Program;			
<input checked="" type="checkbox"/> The information in this form is true, complete and accurate and I authorize GET to act on instructions on the form believed to be genuine and from me;			
<input checked="" type="checkbox"/> I understand that in accordance with IRC Section 529, I am allowed one rollover per 12 month period for the same beneficiary. Exceeding this limit can result in tax and penalty consequences. GET is not responsible for any consequences related to the Account Owner's improper use, transfer or characterization of the rollover;			
<input checked="" type="checkbox"/> By signing this form I am giving permission to the "Receiving 529 Plan" to communicate with GET on my behalf regarding this specific transaction; and			
<input checked="" type="checkbox"/> I understand that it is my responsibility to determine that the "Receiving 529 Plan" is a qualified 529 plan as described in IRS publication 970.			
_____ <b>Account Owner's Signature</b> (Must be age 18+; Notary must witness signature)		_____ <b>Date</b> (Must match date signed by Notary)	
<b>5. Notary Section – This type of transaction requires the Account Owner to sign in the presence of a licensed notary</b>			
County of _____ State of _____	<i>I certify that I know or have satisfactory evidence that <b>required</b> _____ 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.</i>		
_____ (Seal or Stamp)	Dated _____ (must match date signed by Account Owner)	Signature _____ Printed Name _____ Title _____	
		My Appointment Expires _____ (Notary printed name, 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