ACCOUNT OWNER CHANGE (PAGE 1 OF 2)

Use this form to change the owner of your account. Please complete both sides of this form. This original notarized form (i.e. fax or photocopy not accepted), along with the required signatures noted below, is necessary to complete your request.

Current Account Information

Account Number _____

Type of Account: ☐ Lump Sum ☐ Custom Monthly

Current Account Owner _____ (Name) _____ (SSN or TIN)

Student Beneficiary _____ (Name) _____ (SSN or TIN)

Reason for Change Request – *Please select one*

☐ Disability of Account Owner — Enclose a copy of the Power of Attorney or court order determining disability and appointing a representative.
☐ Death of Account Owner — Enclose a copy of the Account Owner's death certificate.
☐ Court Order — Enclose a copy of the court order.
☐ Other (please specify) _____

Automatic Payments

☐ **Inactivate the Automatic Monthly Withdrawal (ACH)** for this GET account

To change payroll deductions, the employee must submit an Authorization for Payroll Deduction form to his or her payroll department, available for download from www.get.wa.gov/forms.

Current Account Owner's Signature – *Not required for change of Account Owner due to death*

I acknowledge that by submitting this form, I relinquish all rights and responsibilities of the account to the new account owner:

_____ *, and I certify under the penalty of perjury, that all the above information is true and correct.*
(Name of New Account Owner)

Current Account Owner's Signature (Notary must witness signature.) **Date** (Must match date signed by Notary)

Notary Section - *Not required for change of Account Owner due to death*

State of _____

County of _____

I certify that I know or have satisfactory evidence that (required) _____ 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.

Date _____ (Must match date signed by Account Owner)

Signature _____

Printed Name _____

(Seal or Stamp)

Title _____

My appointment expires _____

Send to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450

Rev. 10/27/2017

Questions: GETInfo@wsac.wa.gov or 1.800.955.2318

ACCOUNT OWNER CHANGE (PAGE 2 OF 2)

GET Guaranteed Education Tuition℠

GET Account Number:_____ Student Beneficiary Name: _____

New Account Owner's 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.)

New Account Owner's Signature

By signing this form I agree to the following:

- I 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 acknowledge that penalties and fees may apply for account cancellation/termination.
- If this is a Custom Monthly account, I am aware that a monthly payment is due and that I may be charged late fees if my payment is not received by the 25th of the month.

_____ _____

New Account Owner's Signature (Notary must witness signature.) **Date** (Must match date signed by Notary)

Notary Section

State of _____

County of _____

I certify that I know or have satisfactory evidence that (required)_____ 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.

Date _____
(Must match date signed by Account Owner)

Signature _____

Printed Name _____

Title _____

My appointment expires _____

(Seal or Stamp)

Send to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450

Rev. 10/27/2017 **Questions:** GETInfo@wsac.wa.gov or 1.800.955.2318