



**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:	<input type="checkbox"/> Lump Sum
			<input type="checkbox"/> Custom Monthly
Current Account Owner	_____	SSN or TIN	_____
	Name		
Student Beneficiary	_____	SSN or TIN	_____
	Name		

**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) \_\_\_\_\_

**2. Automatic Payments**

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

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

**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 \_\_\_\_\_

**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 \_\_\_\_\_ 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 \_\_\_\_\_ Signature \_\_\_\_\_  
(Seal or Stamp) Title \_\_\_\_\_

My appointment expires \_\_\_\_\_  
(Notary signature and name on seal must match exactly.)



**ACCOUNT OWNER CHANGE (PAGE 2 OF 2)**

GET Account Number: \_\_\_\_\_ Current Student Beneficiary Name: \_\_\_\_\_

**New Account Owner's Information**

Name (First, Middle, Last, Suffix) \_\_\_\_\_  
SSN or TIN (**Required**) \_\_\_\_\_  
Birth Date (**Required**) \_\_\_\_\_  
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 acknowledged 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 last day of the month.

\_\_\_\_\_  
**New Account Owner's Signature** (Notary must witness signature.) **Date**

**Notary Section**

State of \_\_\_\_\_

County of \_\_\_\_\_

*I certify that I know or have satisfactory evidence that \_\_\_\_\_ 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 \_\_\_\_\_

Signature \_\_\_\_\_

(Seal or Stamp)

Title \_\_\_\_\_

My appointment expires \_\_\_\_\_  
(Notary signature and name on seal must match exactly.)