

REIMBURSEMENT REQUEST FORM

- Complete this form to request reimbursement for your out-of-pocket Qualified Higher Education Expenses (QHEE) you incurred **in the current calendar year** (as defined in the GET Master Agreement, Section V.G.2).
- Account distributions cannot exceed 200 units per academic year, plus any eligible units rolled over from a prior benefit use year.
- It is important to specify only the amount you wish to be reimbursed for. Any distributions that exceed QHEE could be subject to IRS taxes and penalties.
- The Student Beneficiary must attend a qualified school at least half time to qualify for the payment of room and board expenses. The amount may not exceed the room and board allowance calculated by the college in its Cost of Attendance budget.
- All reimbursement requests for the current calendar year must be **received by the third Friday of December**.
- If these conditions are not met, your reimbursement may be considered a **non-qualified withdrawal**, and the earnings portion may be subject to income tax and a 10% federal tax penalty (see details in IRS Publication 970 – <http://www.irs.gov/publications/p970/index.html>).
- Please allow 2 weeks to process payment.

Account Information			
Account Number		Account Owner Name	
Student Beneficiary Name		Account Owner Phone Number	
Academic Information			
School Name		<i>Be aware that if you request reimbursement for expenses incurred in a year prior to the current calendar year, your reimbursement may be considered a non-qualified withdrawal and the earnings portion may be subject to income tax and a 10% federal tax penalty.</i>	
Address			
City, State, Zip			
Payment Information			
<i>Please send my payment to*</i>		<i>Total amount requested **</i>	
		<i>All reimbursement requests for the current calendar year must be received by the third Friday of December.</i>	
<input type="checkbox"/> Account Owner	<input type="checkbox"/> Student Beneficiary (requires notarization)	\$ _____	
<p>* All checks will be mailed to the <u>address we have on file</u>. To update your address, please log into your online account at www.get.wa.gov or call us at 1.800.955.2318</p> <p>**To calculate the number of units you are using, divide the total amount requested by the current payout value.</p>			
Account Owner's Signature – Agree to the terms and conditions, and sign and date in the presence of a notary.			
<p>As the Account Owner, I certify that:</p> <ul style="list-style-type: none"> ✓ I am the Account Owner of the GET Account listed above. ✓ This reimbursement is to pay for Qualified Higher Education Expenses as defined by Internal Revenue Code Section 529. I understand that I am responsible for determining whether the expenses for which these funds are used are qualified or non-qualified, and for reporting the 10 percent of earnings penalty for non-qualified distributions on my federal tax return. Qualified higher education expenses include the costs of tuition, fees, room and board, books, supplies, and equipment required for the enrollment or attendance at an eligible institution. IRS rules on qualified and non-qualified higher education expenses are available at: www.irs.gov/pub/irs-pdf/p970.pdf. ✓ I certify that I have read the GET Master Agreement & Program Details; I understand the rules and regulations governing the GET Program. ✓ The information in this form is accurate. ✓ I authorize GET to act on instructions on the form believed to be genuine and from me. <p>Account Owner Signature: _____ Date: _____</p> <p style="text-align: center;">(Notary must witness signature for payment to student beneficiary) (Must match date signed by Notary)</p>			
Notary Section – A notary must witness your signature and complete the section below if payable to a student.			
<p>State of: _____</p> <p>County of: _____</p> <p style="text-align: center;"><i>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.</i></p> <p>Date: _____ Signature: _____</p> <p style="text-align: center;">(Must match date signed by Account Owner)</p> <p>(Seal or Stamp) Printed Name: _____</p> <p style="text-align: center;">Title: _____</p> <p style="text-align: center;">My Appointment Expires: _____</p> <p style="text-align: right;">(Notary signature and name on seal must match exactly)</p>			

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

Questions: GETInfo@wsac.wa.gov or 1.800.955.2318