



**ACCOUNT OWNER SURVIVOR AUTHORIZATION**

Use this form to designate one person to assume control of your Account in the event of your death or disability. This person will become the Account Owner Survivor on your Account. If you do not designate someone to act as your Account Owner Survivor, your Student Beneficiary will assume control of the Account in the event of your death and become the new Account Owner. The new Account Owner Survivor will replace all previously named Account Owner Survivors.

**Current Account Information**

Account Number \_\_\_\_\_  
Account Owner Name \_\_\_\_\_ SSN or TIN \_\_\_\_\_  
Student Beneficiary Name \_\_\_\_\_ SSN or TIN \_\_\_\_\_

**Account Owner Survivor Information – Only one allowed**

Who do you want to become the Account Owner in the event of the Account Owner’s death or incapacitation?  
 Student Beneficiary     Account Owner’s estate (must be specifically stated in will)     Other person (complete section below)

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) \_\_\_\_\_

Please check here if you would like to authorize this person to receive verbal information about your account.

**Account Owner’s Signature - Required**

*Only the Account Owner may authorize changes to this Account.*

By signing this form, I hereby certify and acknowledge that: The information in this form is true, complete, and accurate. I authorize GET, its agents and its affiliates to act on instructions in this form believed to be genuine and from me. I authorize these requested changes to my Account.

Account Owner’s Signature \_\_\_\_\_ Date \_\_\_\_\_