



TRANSFER REQUEST

Use this form to transfer units from one GET account to another. **The maximum lifetime limit per individual student is 600 units.** The student receiving units must be a family member of the student transferring units. According to the IRS, family members include spouses, parents/stepparents, siblings/stepiblings, aunts/uncles and first cousins. For a complete list of eligible family members, please review IRS Publication 970 or call us. If you are transferring units to a different Account Owner, we require this form to be notarized. **You must send this original, notarized form (i.e. fax or photocopy not accepted), along with the required signatures noted below, to complete your request.** We do accept faxed or photocopied forms for transfers **not** requiring a notary.

Account Owner Information

Name (First, Middle, Last, Suffix) _____ SSN or TIN _____
Street Address/Apartment Number _____ Email Address _____
Post Office Box Number _____ Home Phone _____
City/State/ZIP _____ Work Phone _____

Unit Transfer Information

Transfer **from** GET account _____
GET Account Number _____ Student Beneficiary's Name _____
Transfer **to** GET account _____
GET Account Number _____ Student Beneficiary's Name _____

Please choose one:
 Partial unit transfer / number of units to transfer: _____
 Transfer all units and close this account. For non-paid-in-full Custom Monthly accounts this option will convert the account to Lump Sum.
Note: The maximum lifetime limit per individual student is 600 units.

Account Owner's Signature - Required

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 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 _____ (Notary must witness signature.) Date _____ (Must match date signed by Notary)

Notary Section – (Notarization of the Account Owner's signature is required only if units are being transferred to a different Account Owner)

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 _____