



TRANSFER REQUEST

Use this form to transfer units from one GET account to another. **The maximum lifetime limit per individual student is 800 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 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 _____ Telephone Numbers _____
City/State/ZIP _____ Home _____ Work _____

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: _____
- Convert this account to lump sum and transfer all units (non-paid-in-full Custom Monthly accounts only).
- Transfer all units and close this account.

Note: The maximum lifetime limit per individual student is 800 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 _____

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 _____

Signature _____

Printed Name _____

(Seal or Stamp)

Title _____

My appointment expires _____

(Notary signature, and name on seal, must match exactly)

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

Rev 11/2014

Questions: GETInfo@wsac.wa.gov or 1.800.955.2318