

**CHANGE OF ADDRESS**

Use this form to change the mailing address or phone numbers for individuals associated with your account.

**Account Information**

Account Number \_\_\_\_\_

Account Owner \_\_\_\_\_ SSN or TIN \_\_\_\_\_

Student Beneficiary \_\_\_\_\_ SSN or TIN \_\_\_\_\_

**New Address / Telephone Number**

Street Address/Apt. Number \_\_\_\_\_

Post Office Box Number \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone Numbers \_\_\_\_\_  
                                     Home                                     Work                                     Other (Please specify type)

**The New Address Applies to** - Please select and provide names for all that apply

- Account Owner** \_\_\_\_\_       **Giftor** \_\_\_\_\_
- Student Beneficiary** \_\_\_\_\_       **Guardian** \_\_\_\_\_
- Account Owner Survivor** \_\_\_\_\_       **Trustee** \_\_\_\_\_
- Information Release Person** \_\_\_\_\_       **Other** \_\_\_\_\_

**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