ACCOUNT OWNER SURVIVOR AUTHORIZATION

GUARANTEED EDUCATION TUITION

Use this form to designate one person to assume control of your account in the event of your death. 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 estate 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 _____ SSN or TIN _____

Student Beneficiary _____ 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** ☐ **Person Listed Below**

Name (First, Middle, Last, Suffix) _____

SSN or TIN ***(Required)*** _____

Birth Date ***(Required)*** _____

Street Address/Apartment Number _____

Post Office Box Number _____

City/State/Zip Code _____

Email Address _____

Phone 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

Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450
GETInfo@wsac.wa.gov | 1.800.955.2318 | 360.704.6200 (Fax) | wastate529.wa.gov