

RE-CONTRIBUTION FORM

- Use this form to re-contribute money that has been refunded to the Student Beneficiary by an eligible institution of higher education due to illness, unforeseen circumstances or dropped credit hours.
- The Account Owner has **60 days from the date of the refund to re-contribute** the money into his/her 529 account.
- Funds will be deposited into the account at the payout value used at the time of the original distribution.
- The re-contributed amount **must not exceed** the refunded amount.
- Funds must be returned to the same account they were distributed from (use separate form for each account).
- Re-contribution must be submitted in the form of a personal check made payable to and mailed to GET.
- Please **include a photocopy of the original check from the college**, showing the issue date.
- In the box below, describe the reason for or explanation that was given for the original refund. Be as specific and concise as possible to provide GET with the information necessary to consider the request.
- You may attach any supporting materials that you deem necessary to support your request. If attaching documents, be sure to check the “YES” box at the bottom of the page and indicate the number of pages.
- Mail this original form and supporting documents to: The GET Program, PO Box 43450, Olympia, WA 98504-3450

Account Information – Which GET account this is regarding.

| | | | |
|--------------------------|--|----------------------------|--|
| Account Number | | Account Owner Name | |
| Student Beneficiary Name | | Account Owner Phone Number | |

Refund Distribution Description – What refund distribution you are re-contributing (add more pages if needed).

Account Owner’s Signature – Read the terms and conditions, sign and date below.

I certify that (read each statement and sign below to signify your understanding):

- ✓ I am the Account Owner of the GET account listed above and that the information in this form is accurate;
- ✓ I understand that the Chair of the WA529 Committee has final authority over all decisions made related to this request;
- ✓ I have had sufficient opportunity to seek legal, tax, and financial counsel prior to submitting this request;
- ✓ I have read the GET Master Agreement & Program Details; I understand the rules and regulations governing the GET Program.

Account Owner’s Signature _____ Date _____

Did You Remember? – Check each box to ensure you submit all necessary material and information.

- To enclose a personal check payable to GET?
- To enclose a photocopy of the original refund check from an eligible institution of higher education?
- To describe the reason for the original refund?
- To include additional supporting documents and indicate the number of pages? (see below)

Mail your completed form, supporting documentation, and check to:

GET Program
P.O. Box 43450
Olympia, WA 98504-3450

Are you including any refund distribution pages and/or supporting materials with your request?

YES NO

If YES, how many pages are you attaching?

_____ pages