

CHANGE OF ADDRESS



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

***Account owners can make these changes using their online 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** _____
- Student Beneficiary** _____
- Account Owner Survivor** _____
- Information Release Person** _____
- Giftor** _____
- Guardian** _____
- Trustee** _____
- Other** _____

Account Owner's Signature - Required

Forms must be signed by hand. E-Signatures are NOT accepted.

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 _____