

**ACCOUNT OWNER CHANGE (PAGE 1 OF 2)**



Use this form to change the owner of your account. Complete both pages of this form.

An original, completed, signed, and notarized form must be received by mail in order to complete your request.

**Mail to: GET, PO Box 43450, Olympia, WA 98504-3450** (E-Signatures, faxed and photocopied forms cannot be accepted)

**Current Account Information**

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

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

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

**Reason for Change Request** (Please select one)

- Disability of Account Owner Enclose a copy of the Power of Attorney or court order determining disability and appointing a representative.
- Death of Account Owner Enclose a copy of the Account Owner’s death certificate.
- Court Order Enclose a copy of the court order.
- Other (please specify) \_\_\_\_\_

**Automatic Payments**

Inactivate the Automatic Monthly Withdrawal (ACH) for this GET account.

To change Payroll Direct Deposit\*, the employee must submit a new Payroll Direct Deposit Authorization form, to his or her payroll department. Download form at [529.wa.gov/get/forms-get](http://529.wa.gov/get/forms-get). (\*formerly called Payroll Deduction).

**Current Account Owner’s Signature – Not Required for Change of Account Owner Due to Death**

I certify that I am the Account Owner and I acknowledge that by submitting this form, I relinquish all rights and responsibilities of the account listed above to the new Account Owner \_\_\_\_\_; and I certify under the penalty of perjury, that all the above information is true and correct. (Name of New Account Owner)

\_\_\_\_\_  
**Current Account Owner’s Signature** (must be 18 or older & Notary must witness signature) **Date** (must match date of Notary)

**Notary Section - Not Required for Change of Account Owner Due to Death**

I certify that I know or have satisfactory evidence that (NAME) \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that they signed this instrument and acknowledged it to be thier free and voluntary act for the uses and purposes mentioned in the instrument.

Date \_\_\_\_\_ Notary Signature \_\_\_\_\_  
(must match date of Account Owner)

Printed Name \_\_\_\_\_

County of \_\_\_\_\_ Title \_\_\_\_\_

State of \_\_\_\_\_ My appointment expires \_\_\_\_\_

(Seal or Stamp)

(Notary signature and name on seal must match exactly. Electronic Notary will not be accepted.)



GET Account Number \_\_\_\_\_ Student Beneficiary Name \_\_\_\_\_

**New Account Owner's Information**

Name (First, Middle, Last, Suffix) \_\_\_\_\_  
SSN or TIN (Required) \_\_\_\_\_  
Birth Date (Required) \_\_\_\_\_  
Street Address/Apartment # \_\_\_\_\_  
Post Office Box # \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Email Address (Required) \_\_\_\_\_  
Phone Number (Required) \_\_\_\_\_  
Home Work Other (Please specify)

**New Account Owner's Signature** GET forms must be signed by hand. E-Signatures will not be accepted.

By signing this form I agree to the following:

- I certify that the information provided is true and accurate to the best of my knowledge.
- I have read, fully understand and agree to all the terms and conditions of the Master Agreement & Program Details; and acknowledge that penalties and fees may apply for account cancellation/termination.
- If this is a Custom Monthly account, I am aware that a monthly payment is due and that I may be charged late fees if my payment is not received by the 25th day of the month.

**New Account Owner's Signature** (must be 18 or older & Notary must witness signature) \_\_\_\_\_ **Date** (must match date of Notary) \_\_\_\_\_

Note: GET will send you a letter with account information and instructions for accessing your account online. If you have questions or wish to make changes to your account, please call the GET Contact Center for assistance at 800.955.2318.

**Notary Section (All Fields REQUIRED)**

I certify that I know or have satisfactory evidence that (NAME) \_\_\_\_\_ is the person who appeared before me, and said person acknowledged they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

**Date** \_\_\_\_\_ **Notary Signature** \_\_\_\_\_  
(must match date of Account Owner)  
**Printed Name** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**County of** \_\_\_\_\_  
**State of** \_\_\_\_\_ **My appointment expires** \_\_\_\_\_

(Notary signature and name on seal must match exactly. Electronic Notary will not be accepted.)