

CHANGE OF STUDENT BENEFICIARY



- Use this form to change the Student Beneficiary named on your Account or **make this change using your online account.**
- 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).
- The new Student Beneficiary must be a Family Member of the current Student Beneficiary. Family Members include: parents/step-parents, siblings/step-siblings, spouses, aunts/uncles and first cousins. For a complete list of eligible family members, please review IRS Publication 970 or call the GET Contact Center at 1.800.955.2318.

Current Account Information

Account Number _____
Account Owner _____ SSN or TIN _____
Current Student Beneficiary _____ SSN or TIN _____

New Student Beneficiary Information

Name (First, Middle, Last, Suffix) _____
SSN or TIN *(Required)* _____
Birth Date *(Required)* _____
Benefit Use Year (date beneficiary will start using GET funds) Month: _____ Year: _____ *(Required)*
Street Address/Apartment Number _____
Post Office Box Number _____
City/State/Zip Code _____
Email Address _____
Telephone Numbers _____
Home _____ Work _____ Other (Please specify type.) _____

Account Owner's Signature - Required

By signing this form, I hereby certify and acknowledge that I am the Account Owner and the information on this form is true, complete and accurate. I authorize GET, its agents and affiliates to act on instructions on this form to change the Student Beneficiary on my account; and I certify that:

- The new Student Beneficiary is a family member of the current Student Beneficiary, as defined by IRS Publication 970.
- I have read and agree to the terms set forth in the Master Agreement and Program Details Booklet and will retain a copy of these documents for my records. I understand that GET from time to time may amend the Master Agreement and Program Details Booklet, and I understand and agree that I will be subject to the terms of those amendments.

Account Owner's Signature (must be 18 or older & Notary must witness signature.) _____ Date (must match date signed by Notary) _____

Notary Section - (All Fields REQUIRED) Forms must be signed by hand. E-Signatures are NOT accepted.

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 their free and voluntary act for the uses and purposes mentioned in the instrument.

(Seal or Stamp) Date _____ (must match date of Account Owner) Notary Signature _____
Printed Name _____
County of _____ Title _____
State of _____ My appointment expires _____

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

Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450