

CUSTODIAN AUTHORIZATION



Use this form to name the Custodian of the UGMA/UTMA funds contributed to your GET Account. The Custodian controls the account and signs all documents until the Account Owner reaches the age of majority. For details, review the Program Details Booklet and the Master Agreement found on the WA529 website at 529.wa.gov/get/forms-get.

GET Account Information

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

Account Owner Information

Has the Account Owner's contact information changed? Yes, complete this section. No, skip this section.

Mailing Address _____ Post Office Box Number _____
City/State/ZIP _____ Email Address _____
Phone Numbers _____
Home Work Other (Please specify type.)

Custodian Information

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

Custodian's Signature – Required

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

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 affiliates to act on instructions in this form believed to be genuine and from me. I authorize these requested changes to my Account.

Custodian's Signature

Date