

OUTGOING ROLLOVER REQUEST



- Use this form to transfer funds from your GET account into another 529 plan (Qualified Tuition Program).
- This request can be made through your online account.
- Do not use this form to transfer funds from your GET account into the WA529 Invest Plan.
- **Only complete this form if you wish to rollover your entire GET account balance, and therefore close your GET account.**
- **ALL** units in the account must meet the 2-year waiting period requirement before the account is eligible for a rollover.
- Before completing this form you must open an account with the 529 plan that you intend to roll your GET funds into.
- The Account Owner and Student Beneficiary names listed in section 1 of this form must match the names listed in section 2.
- Allow up to **three weeks** to process properly completed forms (after it is received by GET). It may take longer if information is missing or incorrect.
- The WA529 Program and Committee are not liable for changes in market conditions during the time needed to process Outgoing Rollover Requests.
- Only the GET Account Owner may request a rollover. An original completed, signed, and notarized form must be submitted to complete your request. E-signatures, faxed and photocopied forms will not be accepted.

1. GET Account Information – Which GET account you are rolling funds out of			
Account Number		Account Owner Name	
Student Beneficiary Name		Account Owner Phone Number	

2. Receiving 529 Plan Information - Where to send the funds you are rolling out of your GET account			
Account Owner Name		Student Beneficiary Name	
Company/Plan Name		Plan Phone Number	
Plan Address		City, State, Zip	
Account Number			

3. Rollover Authorization		GET forms must be hand signed. E-Signatures and/or typed initials will NOT be accepted.
<input type="checkbox"/>	I authorize GET to rollover the entire value (contributions and/or payout value) of this GET account.	Initial _____

4. Transaction Authorization – Agree to the terms and conditions below and authorize GET to perform the transaction	
I certify that (read each of the following statements and sign below to signify your understanding and to authorize GET to process this rollover):	
<ul style="list-style-type: none"> ✓ I am the Account Owner of the GET account listed above and understand my other account options, in lieu of a rollover; ✓ I authorize GET to roll over the entire value of this GET account; ✓ I understand that this rollover is non-reversible, and that this rollover may or may not be in my best financial interest; ✓ I have read the GET Master Agreement & Program Details Booklet; I understand the rules and regulations governing the GET Program; ✓ The information in this form is true, complete and accurate and I authorize GET to act on instructions on the form believed to be genuine and from me; ✓ I understand that in accordance with IRC Section 529, I am allowed one rollover per 12 month period for the same beneficiary. Exceeding this limit can result in tax and penalty consequences. GET is not responsible for any consequences related to the Account Owner’s improper use, transfer or characterization of the rollover; ✓ By signing this form I am giving permission to the Receiving 529 Plan to communicate with GET on my behalf regarding this specific transaction; and ✓ I understand that it is my responsibility to determine that the Receiving 529 Plan is a qualified 529 plan as described in IRS Publication 970. 	
_____	_____
Account Owner’s Signature (must be 18 or older & a Notary must witness signature)	Date (must match date signed by Notary)

5. Notary Section – (ALL Fields REQUIRED) Account Owner to sign in the presence of a licensed Notary	
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.	
	Dated _____ (must match date signed by Account Owner)
	Notary Signature _____
	Printed Name _____
(Seal or Stamp)	County of _____
	Title _____
	State of _____ My Appointment Expires _____
(Notary signature and name on seal must match exactly)	