REIMBURSEMENT REQUEST FORM

WA529 GET

- Complete this form to request reimbursement for your out-of-pocket Qualified Higher Education Expenses (QHEE) you incurred in the current calendar year (as defined in the GET Master Agreement, Section V.G.2).
- Use your online account to request a reimbursement by Electronic Funds Transfer (EFT/Bank Direct Deposit) when payable to the Account Owner.
- For payments to a Student Beneficiary, a paper form must be completed and notarized. Payments to a beneficiary can only be issued as a paper check.
- Account distributions cannot exceed 200 units per academic year, plus any eligible units carried over from a prior benefit use year.
- It is important to specify only the amount you wish to be reimbursed for. Any distributions that exceed QHEE could be subject to IRS taxes and penalties.
- The Student Beneficiary must attend a qualified school at least half time to qualify for the payment of room and board expenses. The amount may not exceed the room and board allowance calculated by the college in its Cost of Attendance budget.
- All reimbursement requests for the current calendar year must be **received** by the third Friday of December.
- If these conditions are not met, your reimbursement may be considered a non-qualified withdrawal, and the earnings portion may be subject to income tax and a 10% federal tax penalty (see details in IRS Publication 970 – http://www.irs.gov/publications/p970/index.html).
- **When Notary is required MAIL the original form to: GET, PO Box 43450, Olympia, WA 98504-3450.** Allow 2 weeks to process payment.

Account Information			
Account Number		Account Owner Name	
Student Beneficiary Name		Account Owner Phone Number	

Academic Information		
School Name		Note: If you request reimbursement for expenses incurred in a year **prior to** the current calendar year, your reimbursement may be considered a non-qualified withdrawal and the earnings portion may be subject to income tax and a 10% federal tax penalty.
Address		
City, State, Zip		

Payment Information		
Please send my payment to		Total amount requested
☐ Account Owner	☐ Student Beneficiary **(Requires Notary)**	$
All checks will be mailed to the address we have on file. To update your address, please log into your online account at 529.wa.gov/get/ or call us at 1.800.955.2318 .		**All reimbursement requests for the current calendar year must be received by the third Friday of December.** (To calculate the number of units you are using, divide the total amount requested by the current payout value.)

Account Owner's Signature – Must sign and date by hand. E-Signatures are NOT accepted. (If payable to the Student Beneficiary, Notary is required).

As the Account Owner, I Agree to the terms and conditions below, and I certify that:

- ✓ I am the Account Owner of the GET Account listed above.
- ✓ This reimbursement is to pay for Qualified Higher Education Expenses as defined by Internal Revenue Code Section 529. I understand that I am responsible for determining whether the expenses for which these funds are used are qualified or non-qualified, and for reporting the 10 percent of earnings penalty for non-qualified distributions on my federal tax return. Qualified Higher Education Expenses include the costs of tuition, fees, room and board, books, supplies, and equipment required for the enrollment or attendance at an eligible institution. IRS rules on qualified and non-qualified higher education expenses are available at: www.irs.gov/pub/irs-pdf/p970.pdf.
- ✓ I certify that 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 accurate.
- ✓ I authorize GET to act on instructions on the form believed to be genuine and from me.

Account Owner Signature _____ **Date** _____

(Notary must witness signature for payment to Student Beneficiary) (must match date of Notary)

Notary Section – Notary REQUIRED (**Only** when payable to the Student Beneficiary)

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.

Date _____ (must match date of 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. Electronic Notary will not be accepted.)