



GET Enrollment Form 2024-2025

Enroll online to expedite the enrollment process. Go to 529.wa.gov and select Open an Account.
 Read instructions carefully before completing this form. Mailed forms must be POSTMARKED by May 31, 2025.

SECTION 1. ACCOUNT OWNER (Required) Select one			
<input type="checkbox"/> Individual Account Owner (Select one) <input type="checkbox"/> Account Owner is an individual 18 or older. <input type="checkbox"/> Account Owner is under 18 * (payment is not with UGMA/UTMA funds) *Designate a Parent/Legal Guardian (Section 7, C)	OR	<input type="checkbox"/> Other Account Owner Type (Select one) (Documentation may be required) <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit <input type="checkbox"/> Other Legal Entity _____ (specify type)	
		Entity Name	
		Entity TIN or EIN (Required)	
SECTION 2. ACCOUNT OWNER INFORMATION (Required)			
Last Name		First	Middle
			Suffix (Jr., etc.)
SSN/TIN (Required)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X/Non-binary	Date of Birth (MM/DD/YYYY) (Required)
Mailing Address (including Apt # or PO Box)			
City		State	Zip
			Email (Required)
Home phone #	Work phone #	ext.	Other phone # (specify type)
How did you hear about the GET Program? <input type="checkbox"/> Email/Mail <input type="checkbox"/> Employer <input type="checkbox"/> Financial Advisor <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Presentation/Event <input type="checkbox"/> Radio/TV <input type="checkbox"/> School <input type="checkbox"/> Social Media <input type="checkbox"/> Web <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to Answer			
SECTION 3. STUDENT BENEFICIARY (Required) <input type="checkbox"/> Same as Account Owner (skip to section 4)			
Last Name		First	Middle
			Suffix (Jr., etc.)
SSN/TIN (Required)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X/Non-binary	Date of Birth (MM/DD/YYYY) (Required)
Mailing Address <input type="checkbox"/> Check here if you want to use the same Information in Section 2.			
City		State	Zip
			Email (optional)
Home phone #	Work phone #	ext.	Other phone # (specify type)
SECTION 4. PROJECTED BENEFIT USE YEAR (Required)			
Is the Student Beneficiary currently in school? <input type="checkbox"/> No <input type="checkbox"/> Yes, current grade is _____			
What academic year do you expect the Student Beneficiary to graduate high school/enter college? (See Chart A in the instructions.)			Fall <u> 2 </u> <u> 0 </u> <u> </u> <u> </u>

SECTION 5. Initial Lump Sum Purchase *(Minimum \$25 Required)*

You can open a GET Account with as little as \$25.00!
 You can purchase whole or partial units at the 2024-25 Unit Purchase Price listed below.

2024-25 Unit Purchase Price	\$123.76
Total Amount Enclosed to Open Your GET Account	\$_____.

GET only accepts checks, money orders or electronic payments. We do not accept cash, credit card, or debit card payments.

SECTION 6. PAYMENT OPTIONS (Check all that apply)

- A. I completed the Automatic Withdrawal Authorization (page 3) to set up automatic monthly withdrawals from my bank account. (Section 8 on this form)
- B. I completed the Payroll Direct Deposit form to set up monthly payments from my paycheck and I will give it to my payroll department. (Printable form found at 529.wa.gov/get/forms-get. See a list of Employers who offer Payroll Direct Deposit at 529.wa.gov/for-employers)
- C. I plan to purchase units on a 'pay-as-you-go' basis by making payments online or mailing a paper check/money order. (Please write your GET account number on checks/money orders or use a generic payment coupon found at 529.wa.gov/get/forms-get)

The unit purchase price changes annually. Setting up monthly payments will buy units based on the unit price in effect on the date the payment is received. For questions or more program information visit 529.wa.gov or call the GET Contact Center at 1.800.955.2318.

SECTION 7. OTHER PERSONS**7(A). ACCOUNT OWNER SURVIVOR** *(Required)* Only one allowed

Who do you want to become the Account Owner in the event of the Account Owner's death? (If left blank your estate will become the Account Owner)

- Student Beneficiary** (skip to Part B) **Account Owner's estate** (see instructions). **Person listed below**

Last Name	First	Middle	Suffix (Jr., etc.)
SSN/TIN (Required)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X/Non-binary	Date of Birth (MM/DD/YYYY) (Required)	
Mailing Address <input type="checkbox"/> Check here if you want to use the same address as listed in the Contact Information in Section 2.			
City	State	Zip	Email
Home phone #	Work phone #	ext.	Other phone # (specify type)

Authorize the Account Owner Survivor to receive limited information about your Account as an Information Release Person? Yes No

7(B). INFORMATION RELEASE *(Optional)* More than one allowed

Do you want to authorize another individual, other than the Account Owner or Student Beneficiary, to receive limited information about your Account?

- Yes** (complete this section) **No** (skip to Part C)

Last Name	First	Middle	Suffix (Jr., etc.)
SSN/TIN (Required)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X/Non-binary	Date of Birth (MM/DD/YYYY) (Required)	
Mailing Address <input type="checkbox"/> Check here if you want to use the same address as listed in the Contact Information in Section 2.			
City	State	Zip	Email
Home phone #	Work phone #	ext.	Other phone # (specify type)

7(C). LEGAL GUARDIAN (Required for Account Owners under 18 years of age)				
Is the Account Owner in Section 2 a minor (under 18 years old)? <input type="checkbox"/> Yes (COMPLETE this section) <input type="checkbox"/> No (skip this section)				
Last Name		First	Middle	Suffix (Jr., etc.)
SSN/TIN (Required)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X/Non-binary	Date of Birth (MM/DD/YYYY) (Required)	
Mailing Address <input type="checkbox"/> Check here if you want to use the same address as listed in the Contact Information in Section 2.				
City		State	Zip	Email
Home phone #		Work phone #	ext.	Other phone # (specify type)
Guardian will be removed and we will request new contact/login information from the Account Owner when they reach the age of majority.				
SECTION 8. AUTOMATIC WITHDRAWAL AUTHORIZATION (ACH) (Optional) or Setup Online Later				
Bank Account Holder:				
Last Name		First	Middle	Suffix (Jr., etc.)
SSN/TIN (Required)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X/Non-binary	Date of Birth (MM/DD/YYYY) (Required)	
Mailing Address <input type="checkbox"/> Check here if you want to use the same address as listed in the Contact Information in Section 2.				
City		State	Zip	Email
Home phone #		Work phone #	ext.	Other phone # (specify type)
Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
Automatic Withdrawal Amount \$ _____ (per month)			On _____ day of each month.	
<p>REQUIRED:</p> <p>TAPE a checking account voided check (do not staple)</p> <p>OR a savings account deposit slip HERE.</p> <p>Some financial institutions do not allow automatic withdrawal from savings accounts.</p> <p>Do not attach a deposit slip for checking account withdrawals.</p>				
<p>I hereby authorize the Guaranteed Education Tuition Program (GET) to initiate entries to my financial institution account indicated below and the financial institution indicated below to debit this same account. This authority remains in full force and effect until the GET office receives my written notification of its termination in such time and manner as to afford GET and the financial institution a reasonable opportunity to act on it. Revocation by notice to the financial institution is not sufficient. GET may cancel my ACH and notify me in writing of such cancellation. Lump Sum withdrawals occur each month on the date I select above or on the next business day if my selected date falls on a weekend or holiday. If no date is specified for the monthly withdrawal, the withdrawal will be scheduled to occur on the 15th day of the month. In the event of unsuccessful debits, I understand that GET reserves the right to assess this GET Account a returned ACH fee of \$25.00 per returned ACH withdrawal or the actual bank fee charged, whichever is greater. I understand that GET will process my ACH request upon receipt of my signed authorization. GET will notify me in writing of the first expected ACH withdrawal date. However, by signing this form, I acknowledge that GET may begin withdrawals even if I do not receive written notification prior to the first withdrawal date.</p> <p>By signing below, I acknowledge that I have read and agree to the above terms.</p>				
Signature of Bank Account Holder			Date	
X				

SECTION 9. DEMOGRAPHIC INFORMATION (Optional)

Student Beneficiary's Relationship to Account Owner: Child Grandchild Guardianship Not Related/Friend Other Relative
 Self Decline to Answer

Account Owner's Race/Ethnicity: Alaska Native American Indian Asian Black Hispanic/Latinx
 Native Hawaiian or Other Pacific Islander White Other Race Decline to Answer

Annual Household Income: Under \$10,000 \$10,000-\$14,999 \$15,000-\$24,999 \$25,000-\$34,999 \$35,000-\$49,999
 \$50,000-\$64,999 \$65,000-\$74,999 \$75,000-\$99,999 \$100,000-\$149,999 \$150,000-\$199,999 \$200,000 and up
 Decline to Answer

Account Owner's Education (highest grade completed): High School/GED Some College Associate Degree Bachelor's Degree
 Master's Degree Doctoral Degree Other Educational Experience Decline to Answer

SECTION 10. ACCOUNT OWNER'S SIGNATURE (Required)

By signing this enrollment form I agree to the following:

- I have completed all required sections of this form and 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 and the Program Details Booklet and I acknowledge that penalties and fees may apply for Account cancellation/termination.
- I certify that the Student Beneficiary and/or Account Owner is a resident of Washington State.

Signature of Account Owner *(Signature must be hand signed. E-signatures are **not** accepted.)*

X

Date

If you do not wish to use electronic communications, please check here.

Mail to: Guaranteed Education Tuition, PO Box 84824, Seattle WA 98124-6124

MUST BE POSTMARKED BY MAY 31, 2025

GET Enrollment Form 2024-2025 Instructions

- Please PRINT or type all information except your signature. Signature must be hand signed. E-signatures are **not** accepted.
- Read the GET Enrollment Guide and Program Details Booklet before enrolling in GET (available at 529.wa.gov/get/forms-get.) For more information or assistance completing this form, email GETInfo@wsac.wa.gov or call the GET Contact Center at 1.800.955.2318, 8 AM - 5 PM, PT, Monday - Friday (except state holidays).
- The Account Owner **or** the Student Beneficiary must be a resident of Washington State to enroll in the GET program.
- Complete a separate enrollment form for each Student Beneficiary you enroll in the GET program.
- Complete all required sections, sign, and date your enrollment form to avoid delays setting up your GET account.
- If you enclose a rollover payment from another 529 program, U.S. Savings Bonds, or a Coverdell Education Savings Account, include documentation like an Account statement or other documents that indicate the principal and earnings portion of the rollover amount. For details see the GET Master Agreement in the Program Details Booklet.
- Make checks payable to Guaranteed Education Tuition (GET).
- Mail form and payment to: Guaranteed Education Tuition, PO Box 84824, Seattle WA 98124-6124

Enrollment forms must be postmarked by May 31, 2025.

Enroll online to expedite the process. Enrollment must be completed by May 31, 2025.

Important Payment Information:

Processing paper enrollment forms may take 30 days or more. If you enroll in late-April or May, you may not receive enrollment confirmation or an Account number before the current Unit Purchase Price expires on July 1, 2025. We strongly recommend including the payment for GET Units/Partial Unit you are purchasing with your enrollment form. Payments must be **received** by June 25, 2025, to purchase GET Units at the current \$123.76 Unit Purchase Price. Purchasing GET Units is referred to as buying Lump Sum Units.

Section 1 – Account Owner (Required)

The Account Owner is the person responsible for payment and is the only one who may make changes to the Account. Only one person can be the Account Owner. If the Account Owner is an individual person, complete the “Individual Account Owner” section. If the Account Owner is a trust, corporation, non-profit or other entity type, complete the “Other Account Owner Type” section.

Individual Account Owners: Select applicable boxes and follow instructions as needed.

Other Account Owner Types: Enter the legal name of the existing trust*, corporation, non-profit or other legal entity type to be listed as the Account Owner (MUST match documentation exactly). Enter the entity’s Federal Employer Identification Number (EIN) or Taxpayer Identification Number (TIN). GET is required to obtain this information for federal tax reporting purposes.

**A trust must be established before being named as an Account Owner. Trust documents are required within 60 days of opening a GET Account. GET requires document pages that include the full legal name of the trust, the tax identification number of the trust, and legal names of all trustees and their notarized signatures. Only one Trustee is allowed to receive login information or make changes for the Account. All other Trustees named in the documents can be added to the GET Account as Information Release Persons.*

Section 2 – Account Owner Contact Information (Required)

Individual Account Owners: Enter the legal name of the Account Owner (one person only). Enter the Account Owner’s Social Security number. GET is required to obtain this information for tax reporting purposes. Enter the Account Owner’s date of birth, gender, mailing address, phone number(s), and email. The Account Owner’s email is required for the GET Login Process. It must be unique to the Account Owner as it is a primary identifier in the user authentication process.

Other Account Owner Types: Enter the name of the person who is authorized to sign on behalf of the entity. In the case of an existing trust, the Trustee is usually the Authorized Representative. A copy of trust documents verifying the Authorized Representative must be provided. In the case of a non-profit organization or corporation, an officer of the entity is usually the Authorized Representative.

Section 3 – Student Beneficiary (Required)

If the Account Owner is also the Student Beneficiary for the new Account, Check the box that says **Same as Account Owner** (skip to section 4). Otherwise, enter the Student Beneficiary’s legal name. Enter the Student Beneficiary’s Social Security number. Social Security number is required at enrollment. GET is required to obtain this information for tax reporting purposes. Enter the Student Beneficiary’s birth date, gender, mailing address, email (optional) and phone number(optional).

If you wish to purchase Lump Sum Units for an existing account, you do **not** need to complete an enrollment form. Simply note on your payment that it is a Lump Sum Unit purchase and include the Account Number. Mail payments to: GET, PO Box 84824, Seattle WA 98124-6124. For assistance email GETInfo@wsac.wa.gov or call 1.800.955.2318.

Section 4 – Projected Benefit Use Year (Required)

Enter the academic year you expect the Student Beneficiary to enter college.

CHART A – Student Beneficiary’s Projected Benefit Use Year

<u>Student Beneficiary Age/Grade as of August 31, 2024</u>	<u>Projected Benefit Use Year</u>	<u>Student Beneficiary Age/Grade as of August 31, 2024</u>	<u>Projected Benefit Use Year</u>
Born after August 31, 2024	Fall 2043	3rd Grade	Fall 2034
Newborn, less than Age 1	Fall 2042	4th Grade	Fall 2033
Age 1	Fall 2041	5th Grade	Fall 2032
Age 2	Fall 2040	6th Grade	Fall 2031
Age 3	Fall 2039	7th Grade	Fall 2030
Age 4/5 (not in Kindergarten)	Fall 2038	8th Grade	Fall 2029
Kindergarten	Fall 2037	9th Grade	Fall 2028
1st Grade	Fall 2036	10th Grade	Fall 2027
2nd Grade	Fall 2035	11th Grade	Fall 2027*
		12th Grade and Adults	Fall 2027*

*Washington law requires a two-year wait before benefits may be used. Units purchased this year will be available, at the earliest, for Fall 2027. When you buy a GET unit, it may take several years for your account to exceed the price you paid. The longer the units remain in your account, the more likely it is that the unit payout value will exceed your unit purchase price. The State does not guarantee that you will make money. If in-state tuition decreases in the future, GET units may lose value.

Section 5 – Initial Lump Sum Purchase (Minimum of \$25 Required)

Indicate the Lump Sum amount you included to open this GET Account. The minimum requirement to open a GET Account is \$25. Note: Please pay with check or money order, GET does not accept cash, credit cards, or debit cards for Unit purchases.

CHART B – Lump Sum General Information

Lump Sum Plan General Information	
Minimum Purchase: \$25	After the minimum purchase, you may purchase full units or partial units year-round.
Maximum Units: 800 Units	A Student Beneficiary may have multiple Accounts (total combined Units cannot exceed 800 Units)
Current Unit Purchase Price: \$123.76	The Unit Purchase Price is set annually and may be adjusted once per year. Purchase Units at the current Unit Purchase Price during the annual enrollment period. Payments must be received by June 25, 2025 to purchase at the current price.
Using Units	<ul style="list-style-type: none"> • Units must be purchased a minimum of two years before they are eligible for use. • The Student Beneficiary must reach the Benefit Use Year. • The Student Beneficiary must be enrolled in an eligible institution of higher education.
Gift Contributions	Anyone can make contributions to your Account as long as the Account does not exceed the 800 Unit maximum. Visit GET’s gifting page for more details at 529.wa.gov/get/giveagift-get .
No Payment Due Date	You can contribute any amount at any time.

Section 6 – Payment Options (Optional - Check all that apply)

The GET Program offers a variety of payment options including making payments online, automatic monthly bank withdrawals, payroll direct deposit, mail paper check or money order (pay-as-you-go), and U.S. Bank payment transfer through our secure website. For more details about setting up these options, please call the GET Contact Center at 1.800.955.2318 or visit the WA529 website at 529.wa.gov/get/add-to-account. If you want to send your payments by mail, please write your account number on your check or use a generic payment coupon found at 529.wa.gov/get/forms-get. GET does not accept cash, credit card, or debit card payments.

Section 7 – Other Persons (Only the Account Owner can make changes to the Account.)

(A) Account Owner Survivor (Required) - Designate an Account Owner Survivor for this Account. The Account Owner Survivor will become the owner of the Account upon the original Account Owner’s death. All rights and obligations of this agreement transfer to the Account Owner Survivor. Failure to assign an Account Owner Survivor will result in all rights and obligations automatically transferring to the Account Owner’s estate. Call the GET Contact Center at 1.800.955.2318 for more information. Check the box to authorize GET to release limited information to the Account Owner Survivor and they will also be added as an Information Release Person.

Section 7 – Other Persons (continued)

(B) Information Release Person (Optional) - You may authorize GET to release information regarding your Account to another person(s) such as a spouse, grandparent, or guardian. If you wish to authorize someone (other than the Account Owner) to receive limited inquiries on this Account, complete this section. The Program will only provide Login ID and Password to the Account Owner for online Account access.

(C) Legal Guardian (Required if the Account Owner identified in Section 2 is less than 18 years old) - A Legal Guardian must be designated when the Account Owner is a minor. The Guardian will be removed from the GET Account once the minor Account Owner reaches the age of 18 (majority). Contact and Login information will be requested from the Account Owner at that time.

*The Program cannot release personal information regarding the Account or the Account Owner's Login ID or password to an Information Release Person.

Section 8 – Automatic Withdrawal Authorization (ACH) (Optional)

Complete this section if you check box A in Section 6. Completing this section authorizes GET to automatically withdraw money from your bank or credit union Account and deposit it directly into your GET Account. Payments are deducted on the 15th day of each month unless you specify a date for your Lump Sum Plan. Please provide information for the bank account holder. This person may be different than the person listed as the Account Owner on the GET Account but you must include the bank account holder's authorizing signature. NOTE: You may choose to make your payments using this option, or you can opt to purchase Lump Sum Units whenever you wish and not sign up for automatic withdrawal.

Section 9 – Demographic Information (Optional)

This information is optional. However, it does give the GET Program a better understanding of GET customers, which helps when considering improvements to the program. Demographic information is reported at the aggregate level; GET never shares individual account demographic or contact information with any other entity.

Section 10 – Signature (Required) *Signatures must be hand signed. E-Signatures are **not** accepted.*

The Individual Account Owner must sign the enrollment form. If the Account Owner is a minor (under the age of 18), the Legal Guardian must sign the form and complete this section.

For Other Account Owner Types, the individual authorized to sign on behalf of the entity must sign the form. In the case of a Trust, the Trustee is usually the Authorized Representative. In the case of a non-profit organization or corporation, an officer of the entity is usually considered the Authorized Representative.