ACCOUNT OWNER CHANGE (PAGE 1 OF 2)

Use this form to change the owner of your GET account. Complete both pages of this form. An original, completed, signed, and notarized form must be received by mail in order to complete your request. WA529 accepts notarized forms within 60 days of notary signature date. E-Signatures, faxed and photocopied forms cannot be accepted.

Mail to: WA529 GET, PO Box 43450, Olympia, WA 98504-3450

Current Account Information

Account Number _____

Current Account Owner _____

Student Beneficiary _____

Reason for Change Request (Please select one)

- ☐ Disability of Account Owner — Enclose a copy of the Power of Attorney or court order determining disability and appointing a representative.
- ☐ Death of Account Owner — Enclose a copy of the Account Owner's death certificate.
- ☐ Court Order — Enclose a copy of the court order.
- ☐ Other (please specify) _____

Automatic Payments

☐ **Inactivate the Automatic Monthly Withdrawal (ACH) for this GET account.**

To change Payroll Direct Deposit*, the employee must submit a new Payroll Direct Deposit Authorization form, to his or her payroll department. Download form at 529.wa.gov/get/forms-get. (*formerly called Payroll Deduction).

Current Account Owner's Signature – Not Required for Change of Account Owner Due to Death

I certify that I am the Account Owner and I acknowledge that by submitting this form, I relinquish all rights and responsibilities of the account listed above to the new Account Owner _____; and I certify under the penalty of perjury, that all the above information is true and correct.
(Name of New Account Owner)

_____ _____

Current Account Owner's Signature (must be 18 or older & Notary must witness signature) **Date** (must match date of Notary)

Notary Section - Not Required for Change of Account Owner Due to Death

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

Date _____ (must match date of Account Owner)

Notary Signature _____

Printed Name _____

Title _____

(Seal or Stamp)

County of _____

State of _____ **My appointment expires** _____

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

ACCOUNT OWNER CHANGE (PAGE 2 OF 2)

GET Account Number _____ Student Beneficiary Name _____

New Account Owner's Information

Name (First, Middle, Last, Suffix) _____

SSN or TIN ***(Required)*** _____

Birth Date ***(Required)*** _____

Street Address/Apartment # _____

Post Office Box # _____

City/State/Zip Code _____

Email Address ***(Required)*** _____

Phone Number ***(Required)*** _____ Home _____ Work _____ Cell

New Account Owner's Signature

GET forms must be signed by hand. E-Signatures will not be accepted.

By signing this form I agree to the following:

- I 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 & Program Details; and acknowledge that penalties and fees may apply for account cancellation/termination.
- If this is a Custom Monthly account, I am aware that a monthly payment is due and that I may be charged late fees if my payment is not received by the 25th day of the month.

_____ _____

New Account Owner's Signature (must be 18 or older & Notary must witness signature) **Date** (must match date of Notary)

Note: GET will send you a letter with account information and instructions for accessing your account online. If you have questions or wish to make changes to your account, please call the GET Contact Center for assistance at 1-800-955-2318.

Notary Section (All Fields REQUIRED)

*WA529 accepts notarized forms within 60 days of notary signature date.

I certify that I know or have satisfactory evidence that **(NAME)** _____ is the person who appeared before me, and said person acknowledged 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.)