ACCOUNT OWNER SURVIVOR AUTHORIZATION

Use this form to designate one person to assume control of your account in the event of your death. This person will become the Account Owner Survivor on your account. If you do not designate someone to act as your Account Owner Survivor, your estate will assume control of the account in the event of your death and become the new Account Owner. The new Account Owner Survivor will replace all previously named Account Owner Survivors.
***Account Owners can add, change, or update information for an Account Owner Survivor using their online account.**

Current Account Information

Account Number _____

Account Owner _____

Student Beneficiary _____

Account Owner Survivor Information – Only one allowed

Who do you want to become the Account Owner in the event of the Account Owner's death or incapacitation?

☐ **Student Beneficiary** ☐ **Account Owner's Estate** ☐ **Person Listed Below**

Name (First, Middle, Last, Suffix) _____

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

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

Street Address/Apartment Number _____

Post Office Box Number _____

City/State/Zip Code _____

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

Phone Numbers ***(Required)***

Home	Work	Cell

☐ **Add this Account Owner Survivor as an Information Release Person to receive verbal information about my account.**

Account Owner's Signature - *Required*

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

Only the Account Owner may authorize changes to this Account.

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

Account Owner's Signature _____ Date _____

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