RECONTRIBUTION FORM

- Use this form to recontribute money that has been refunded to the Student Beneficiary by an eligible institution of higher education due to illness, unforeseen circumstances or dropped credit hours.
- The Account Owner has **60 days from the date of the refund to re-contribute** the money into his/her 529 account.
- Funds will be deposited into the account at the payout value used at the time of the original distribution.
- The recontributed amount **must not exceed** the refunded amount.
- Funds must be returned to the same account they were distributed from (use separate form for each account).
- Recontribution must be submitted in the form of a personal check made payable to and mailed to GET.
- Please **include a photocopy of the original refund check from the college,** showing the issue date.
- In the box below, describe the reason for or explanation that was given for the original refund. Be as specific and concise as possible to provide GET with the information necessary to consider the request.
- You may attach any supporting materials that you deem necessary to support your request. If attaching documents, be sure to check the "YES" box at the bottom of the page and indicate the number of pages.
- **Mail this original form and supporting documents to**: **WA529 GET, P.O. Box 84824, Seattle, WA 98124-6124**

Account Information – Which GET account this is regarding.			
Account Number		Account Owner Name	
Student Beneficiary Name		Account Owner Phone Number	

Refund Distribution Description – What refund distribution you are recontributing (add more pages if needed).

Account Owner's Signature – Read the terms and conditions, sign and date below. E-Signatures will NOT be accepted.

I certify that (read each statement and sign below to signify your understanding):

- ✓ I am the Account Owner of the GET account listed above and that the information in this form is accurate;
- ✓ I understand that the Chair of the WA529 Committee has final authority over all decisions made related to this request;
- ✓ I have had sufficient opportunity to seek legal, tax, and financial counsel prior to submitting this request;
- ✓ I have read the GET Master Agreement & Program Details; I understand the rules and regulations governing the GET Prepaid Tuition Plan.

Account Owner's Signature _____ **Date** _____

Did You Remember? – Check each box to ensure you submit all necessary material and information.

- ☐ To enclose a personal check payable to GET?
- ☐ To enclose a photocopy of the original refund check from an eligible institution of higher education?
- ☐ To describe the reason for the original refund?
- ☐ To include additional supporting documents and indicate the number of pages? (see below)

Mail your completed form, supporting documentation, and check to:

WA529 GET
P.O. Box 84824
Seattle, WA 98124-6124

Are you including any refund distribution pages and/or supporting materials with your request?

☐ YES ☐ NO

If YES, how many pages are you attaching?

_____ pages