TRANSFER REQUEST

Use this form to transfer units from one GET account to another. **The maximum lifetime limit per individual student is 800 units.** The student receiving units must be a family member of the student transferring units. According to the IRS, family members include spouses, parents/stepparents, siblings/step-siblings, aunts/uncles and first cousins. For a complete list of eligible family members, please review IRS Publication 970 or call us. If you are transferring units to a different account owner a Notary signature is required and you must mail an original, notarized form, along with the required signatures noted below, to complete your request. WA529 accepts notarized forms within 60 days of notary signature date. E-signatures are not accepted. Faxed or photocopied forms are accepted for transfers that do not require a Notary. **You can complete a transfer request using your online account if you are the account owner on both accounts.**

Account Owner Information

Name (First, Middle, Last, Suffix) _____ Email Address _____

Street Address/Apartment Number _____ Home Phone _____

Post Office Box Number _____ Work Phone _____

City/State/ZIP _____

Unit Transfer Information (Units must be 2 years old before they can be transferred)

Transfer **From:** _____ (GET Account Number) _____ (Student Beneficiary's Name)

Transfer **To:** _____ (GET Account Number) _____ (Student Beneficiary's Name)

Please choose one - (The maximum lifetime limit per individual student is 800 units.)

☐ Partial unit transfer / number of units to transfer: _____

☐ Transfer all units and close this account.

If you have a Custom Monthly Contract that is not paid in full, call the Contact Center at 1-800-955-2318 for your options.

Account Owner's Signature - *Required* Forms must be signed by hand. E-Signatures will NOT be accepted.

By signing this form, I hereby certify and acknowledge that: I am the Account Owner and the information in this form is true, complete and accurate. I authorize GET, its agents and 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 (Must be 18 or older & Notary must witness signature - as noted below) **Date** (must match date of Notary)

Notary Section - (Only required when units are being transferred to a different Account Owner)

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.)