MASTER SCHOLARSHIP ENROLLMENT FORM (Page 1 of 3)

- An Organization, as defined in the GET Master Agreement, may use this form to establish a new Master Scholarship Account for participants in its Scholarship program.
- The Organization must be registered and/or licensed to do business in Washington State.
- You ***do not*** need to also complete the *GET Enrollment Form*.
- Refer to the GET Program Details Booklet and the Master Agreement for additional details.
- If you are completing this form on behalf of a 501(c)(3) tax-exempt Organization, you must also provide the articles of incorporation or other documents, including an IRS determination letter indicating that the organization is currently operating as a 501(c)(3) tax-exempt organization. Unless otherwise indicated, capitalized terms have the same meaning as those in the GET Program Details Booklet and Master Agreement currently in effect.

1. Organization Information

Organization Type: ❑ State or Local Government ❑ 501(c)(3) Tax-Exempt Organization

Organization Name: _____

Mailing Address *(Street, Apt, Ste, PO Box #)*: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____ *(Ext:)* _____

Tax ID # (TIN/EIN): _____

2. Organization Authorized Representative

*The Authorized Representative is the **only person who may make changes** to the Account, allocate funds from the Scholarship, or request a Refund. All correspondence will be addressed to the Authorized Representative. If the Authorized Representative changes,you MUST notify GET in writing and provide information regarding the new Authorized Representative.*

Last Name: _____ *First* *Middle* *(Suffix)*

Mailing Address: ❑ *Check here to use the same address as listed in Section 1*

Street Address *(Apt, Ste, PO Box #)*: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____ *(Ext:)* _____

SSN/TIN: _____

3. Information Release Person

You may authorize GET to release verbal information regarding this Account to another person in addition to the person listed in Section 2 above. Please provide the following information about this individual.

Last Name: _____ *First* _____ *Middle* _____ *(Suffix)*

Mailing Address: ❑ *Check here to use the same address as listed in Section 1*

Street Address *(Apt, Ste, PO Box #)*: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____ *(Ext:)* _____

SSN/TIN: _____

4. Payment Instructions

Payment Options Available:
Payments MUST be received by June 25th to ensure you receive the current Unit Purchase Price.

Enclose a check with the Master Scholarship Enrollment Form and mail to:

WA529 GET
PO BOX 84824
Seattle, WA 98124-6124

(You may for processing)

Online Automatic Bank Withdrawal (ACH):

Once your Master Scholarship Enrollment Form is processed, the Authorized Rep may call the GET Contact Center at 1-800-955-2318 to receive instructions on setting up your online account access. When this is complete, you may set up a one-time or recurring ACH for your payment.

5. Signature of Authorized Representative

By signing this Master Scholarship Enrollment Form I agree and certify to the following:

- The Organization meets the definition of "Organization" in the Master Agreement.
- 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 acknowledge that penalties and fees may apply for Account cancellation/termination.
- I understand and agree that the Organization will abide by, adhere to, and fulfill its obligations in administering the Scholarship program in accordance with its terms, including terms for eligibility and forfeiture of scholarship funds that the Organization provided to the participants, eligible recipients or Students. Furthermore, in the event the Organization elects to discontinue its Scholarship program, it hereby agrees to continue to honor the terms of the Scholarship program as they apply to recipients that were awarded the Scholarship funds, provided those recipients remain eligible at the time of Distribution under the Scholarship program terms, which includes using the awarded funds solely for Qualified Higher Educational Expenses at Eligible Institutions.
- I understand that GET is not responsible for any tax impact that may be associated with the Organization's participation in GET and the Scholarship program, including but not limited to, any forfeiture of funds from the Scholarship program. The Organization agrees to be solely responsible for the payment of all applicable taxes.
- For the duration of this Scholarship program, GET shall produce and distribute 1099-Q forms to the Organization and the IRS for all Distributions from the Master Scholarship Account. However, GET shall not be responsible for producing or distributing individual 1099-Q forms to the individual participants or eligible recipients who have not opened an individual Account in GET, unless payment is made to the Beneficiary.
- I understand that none of the state of Washington or any other governmental entity and their respective affiliates, officers, agents and employees, are responsible for administration of the Scholarship program or determine eligibility to participate in the Scholarship program or determine who is eligible to receive Scholarship funds.
- The Organization agrees to indemnify and hold harmless WA529 Committee and staff members from and against any and all claims that may arise or do arise by reason of any acts or omissions of the Organization (including its officers, employees, representatives, agents, affiliates and permitted delegates) in breach of the Master Agreement and this Master Scholarship Account Enrollment Form.
- I certify that I have signature authority for the Organization listed in Section 1.

Signature of Organization Authorized Representative: _____ Date: _____

Print Full Name: _____