ACCOUNT CHANGE REQUEST

Use this form to make changes to your Custom Monthly Plan. Changing your Custom Monthly Plan may affect when you can use your GET units. Please call the GET Contact Center at 1-800-955-2318 for more information, some limitations may apply.

Current Account Information

Account Number _____

Account Owner _____

Student Beneficiary _____

Account Changes

Convert to Lump Sum*	Change Number of Units	Change Number of Years
☐ **Convert** my Custom Monthly Plan to a Lump Sum Plan	☐ **Reduce** the number of units in my Custom Monthly Plan from _____ units to _____ units (must be in 50 unit increments). (You cannot increase the number of units in your Custom Monthly contract. To add more units, you can buy Lump Sum units.)	☐ **Reduce** the number of years in my Custom Monthly Plan from _____ years to _____ years. ☐ **Increase** the number of years in my Custom Monthly Plan from _____ years to _____ years.

***Note for converting to Lump Sum**-All payments received will be reposted at the unit price in effect at the time that we receive them. Payments made from July 1, 2015 through October 31, 2017 will be posted at $113 per unit (the unit price in effect on November 1, 2017).

☐ **Special Instructions:** _____

Automatic Payments

Automatic monthly withdrawals (ACH) can be made from your checking or savings account. To set up a new ACH, you can follow steps under Scheduled Deposits in your online account or you can complete an Automatic Withdrawal Authorization form, available on our website at 529.wa.gov/get/forms-get.

☐ **Inactivate the ACH** for this GET account.

☐ **Change the ACH amount** for this GET account to **$**_____.

To change payroll direct deposit, the employee must submit an Authorization for Payroll Direct Deposit form to his/her payroll department. The form is available for download from 529.wa.gov/get/forms-get.

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**