

CHANGE OF ADDRESS

Use this form to change the mailing address or phone numbers for individuals associated with your account.

Account Information

Account Number _____

Account Owner _____
 Name _____ SSN or TIN _____

Student Beneficiary _____
 Name _____ SSN or TIN _____

New Address / Telephone Number

Street Address/Apt. Number _____

Post Office Box Number _____

City/State/Zip Code _____

Telephone Numbers _____
 Home _____ Work _____ Other (Please specify type) _____

The New Address Applies to: (Check all that apply.)

<input type="checkbox"/> Account Owner	_____	<input type="checkbox"/> Giftor	_____
	Name		Name
<input type="checkbox"/> Student Beneficiary	_____	<input type="checkbox"/> Guardian	_____
	Name		Name
<input type="checkbox"/> Account Owner Survivor	_____	<input type="checkbox"/> Trustee	_____
	Name		Name
<input type="checkbox"/> Information Release Person	_____	<input type="checkbox"/> Other	_____
	Name		Name

Account Owner's Signature - Required

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/Guardian/Trustee's Signature _____ Date _____