GIFTOR AUTHORIZATION

Account owner: Use this form to name one or more individuals who can contribute money to your Account and receive information about their gifts (giftors). Each giftor will receive a personal coupon book to use in the future. You remain the Account Owner of the Account and all money in your Account remains under your control. This form does not provide the giftor access to any other information regarding your Account.

Current Account Information

Account Number _____

Account Owner _____ _____
Name SSN or TIN

Student Beneficiary _____ _____
Name SSN or TIN

Giftor Information	1.	2.
Name (First, Middle, Last, Suffix)		
SSN or TIN		
Birth Date		
Street Address		
Post Office Box Number		
City / State / Zip Code		
Email Address		
Telephone Number(s)	Home Work	Home Work

☐ **Please check here if you want to register the giftors as a couple and receive only one coupon book. No need to provide a birthdate, SSN, or email address for either person.**

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's Signature **Date**

Send to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or 360.704.6200 (Fax)

Rev 6/2018 **Questions:** GETInfo@wsac.wa.gov or 1.800.955.2318