

**MASTER SCHOLARSHIP TRANSFER FORM (PAGE 1 OF 2)**

Use this form to transfer funds from an existing Master Scholarship Account to a new GET account for the benefit of a scholarship recipient. No Student Beneficiary can receive more than 800 GET units in their lifetime.

<b>1. Master Scholarship Account Information</b>
GET Account Number: _____ Organization Name: _____ Tax ID # (TIN/EIN): _____ Authorized Representative: _____ Mailing Address (Street, Apt/St and/or PO Box #): _____ City: _____ State: _____ Zip: _____ Email Address: _____ Phone Number: _____ Ext.: _____
<b>2. Student Beneficiary/Scholarship Recipient Information</b>
<p><i>The Student Beneficiary (scholarship recipient) is the person who will use GET units to pay for qualified higher education expenses. The student must be a Washington resident at the time of designation.</i></p> <p><b>Number of GET units being awarded/transferred at this time (may not exceed 800): _____ units</b></p> Last Name: _____ First Name: _____ Middle: _____ Suffix (Jr, etc.) _____ <i>Address</i> Street, Apt/St and/or PO Box #: _____ City: _____ State: _____ Zip: _____ SSN/TIN (required): _____ Email Address: _____ Home/Cell Phone: _____ Work Phone: _____ Ext. _____ Date of Birth: ___/___/____ Estimated Benefit Use Year: 20__ __
<b>3. Parent/Legal Guardian Information</b>
<p><i>A parent or legal guardian must be named for any student beneficiary under the age of 18.</i></p> Last Name: _____ First Name: _____ Middle: _____ Suffix (Jr, etc.) _____ Mailing Address: <input type="checkbox"/> Check here to use the same address as listed in Section 2 Street, Apt/St and/or PO Box #: _____ City: _____ State: _____ Zip: _____ SSN/TIN: _____ Date of Birth : ___/___/____ Home/Cell Phone: _____ Work Phone: _____ Email Address: _____

**4. Designated Account Owner**

*An organization may choose to name itself, the student beneficiary, or the student's parent/legal guardian as the Account Owner. If the organization names the student beneficiary or the parent/legal guardian as the Account Owner, the Organization relinquishes all control over the funds (e.g. the Account Owner could request a refund).*

**Who will be the Designated Account Owner on this account?**

- Organization** listed in Section 1. The student will only be allowed to make distributions for qualified higher education expenses. Some costs, like books and supplies, will be paid back to the student in the form of a reimbursement. At the request of the Organization, any unused units will be transferred back to the Organization's Master Scholarship Account.
- **Student Beneficiary** (named in Section 2). If a beneficiary, who is a minor, is designated as the account owner on the transfer form, the account will be blocked for any reimbursement or refunds.

**5. Information Release Person Information (if the organization maintains ownership)**

*You may authorize GET to release verbal information regarding this student beneficiary's account to another person in addition to the person listed in Section 4.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix (Jr, etc.) \_\_\_\_\_

Mailing Address:  Check here to use the same address as listed in Section 2

Street, Apt/St and/or PO Box #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

**6. Transfer Fee (\$25 non-refundable fee - required any time units are transferred to a designated student account)**

*You must create an ACH payment (electronic) or enclose a personal check, cashier's check or money order in the amount of \$25 when you submit this form. The check or money order should be made payable to: **Guaranteed Education Tuition, or GET.***

Check #: \_\_\_\_\_

- I agree to pay the \$25.00 Transfer Fee to the GET Program and understand that this fee is non-refundable (please check the box to signify your understanding and agreement).

**7. Signature of Authorized Representative**

*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 affiliates to act on instructions in this form believed to be genuine and from me. I authorize these requested changes to my Organization's Master Scholarship Account.*

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_