

GET Enrollment Form 2020-2021

Did you know there is no fee for online enrollment?

Please consider enrolling online! The process is quick and easy.
Please visit our website at www.wastate529.wa.gov and select the online enrollment

****PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING ENROLLMENT FORM****
*****YOUR ENROLLMENT FORM MUST BE POSTMARKED BY MAY 31, 2021*****

SECTION 1. ACCOUNT OWNER – Please select one only			
<input type="checkbox"/> Individual Account Owner (Please check one) <input type="checkbox"/> Check here if the Account Owner is an individual 18 or older. <input type="checkbox"/> Check here if the Account Owner is under 18 and you are not funding the Account with UGMA/UTMA funds. The Parent or Legal Guardian must be designated in Section 9, Part C.	← OR →	<input type="checkbox"/> Other Account Owner Type (Please check one) (Documentation may be required) <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit <input type="checkbox"/> Other Legal Entity Type (please specify) _____ Entity Name Entity TIN or EIN (Required)	
SECTION 2. CONTACT INFORMATION – Individual Account Owner OR Trustee/Authorized Representative			
Last Name	First	Middle	Suffix (Jr., etc.)
SSN/TIN (Required)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/>	Date of Birth (MM/DD/YYYY) (Required)
Mailing Address (complete address including Apt # or PO Box)			
City	State	Zip	Email (Required)
Home phone #	Work phone #	ext. X	Other phone # (specify type)
How did you hear about the GET Program? <input type="checkbox"/> Website/Internet <input type="checkbox"/> Employer <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Radio/TV <input type="checkbox"/> Friend/relative <input type="checkbox"/> Presentation <input type="checkbox"/> School <input type="checkbox"/> Financial Advisor: <input type="checkbox"/> Other:			
SECTION 3. STUDENT BENEFICIARY			
Last Name	First	Middle	Suffix (Jr., etc.)
SSN/TIN (Required)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/>	Date of Birth (MM/DD/YYYY) (Required)
Mailing Address <input type="checkbox"/> Check here if you want to use the same address as listed in the Contact Information in Section 2.			
City	State	Zip	Email (optional)
Home phone #	Work phone #	ext. X	Other phone # (specify type)

If you request not to use Internet communications, please check here.

SECTION 4. PROJECTED BENEFIT USE YEAR (BUY)Is the Student Beneficiary currently in school? No Yes, current grade is _____

In what academic year do you expect the Student Beneficiary to enter college and/or turn 18 years old? (This is referred to as the Projected Benefit Use Year. See Instructions, Chart A.)

Fall 20**SECTION 5. PLAN SELECTION – Select your plan. You may save through both plans.** **Lump Sum Plan**

A. Current Unit Purchase Price \$133

B. Number of Lump Sum Units I am paying for today* (Minimum of 1 Unit)

C. Total amount I am enclosing today for Lump Sum Units* (A x B = C). Indicate if you would like a coupon book to purchase additional Units for your Account (Section 6 below). \$ _____

 Custom Monthly PlanA. Select the number of Units to purchase under the Custom Monthly Plan:
50 100 150 200 250 300 350 400
450 500 550 600 650 700 750 800

B. Select the payment term (in years):

01 02 03 04 05 06 07 08 09
10 11 12 13 14 15 16 17 18

C. Monthly Payment Amount (See Instructions, Chart C.)

You are not required to enclose a monthly payment today. Your first payment will be due in 15 - 45 days. Indicate if you would like a coupon book (Section 6 below). \$ _____

PLEASE NOTE: We can only accept checks, money orders or electronic payments. We do not accept cash or credit/debit card payments.*SECTION 6. PAYMENT OPTIONS – Please check all that apply:**

- A. Yes, I want to initiate automatic monthly withdrawals from my bank account. I have completed the Automatic Withdrawal Authorization on page 4 of this enrollment form.
- B. Yes, I want to authorize deductions from my paycheck. I have completed the Payroll Deduction Authorization form found on GET's website at www.wastate529.wa.gov/forms, and will give it to my payroll department. View a list of participating GET Payroll Deduction Employers at www.wastate529.wa.gov/for-employers.
- C. Yes, I want to make payments by mailing a paper check, along with a payment coupon. Please send me a book of payment coupons with my specific Account information that I can include with each payment. Access generic payment coupons at www.wastate529.wa.gov/forms.
- D. Yes, I want others to contribute to my GET Account. I have completed the GiftoR Authorization form found on GET's website at www.wastate529.wa.gov/forms.

SECTION 7. ENROLLMENT FEE – Select one of the options below: (Enrollment fee waived for online enrollment)

- A. I am enclosing my check or money order for my non-refundable \$50 enrollment fee (payment must be enclosed with enrollment form).
- B. I am not enclosing the \$50 enrollment fee because I believe I qualify for an enrollment fee waiver (see page 4 of the attached instructions). I understand that the GET Program has final authority to approve all enrollment fee waivers. I am providing the GET Account numbers (or SSNs if you are opening the other Accounts today and do not have Account numbers yet) for the Accounts where the Account Owner is the same, the Student Beneficiaries all live at the same address, and the \$50 enrollment fee has already been paid on at least two of the Accounts. Accounts that have been refunded, canceled or rolled over to another 529 plan are not included as eligible Accounts.

1. GET Account/SSN # _____ Student Beneficiary Name _____

2. GET Account/SSN # _____ Student Beneficiary Name _____

SECTION 8. ACCOUNT OWNER'S SIGNATURE – REQUIRED

By signing this enrollment form I agree to the following:

- 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 certify that the Student Beneficiary and/or Account Owner is a resident of Washington State.

Signature of Account Owner (or Legal Guardian if under 18 years of age) or Trustee/Authorized Representative

X

Date

SECTION 9. OTHER PERSONS

(A) ACCOUNT OWNER SURVIVOR - Only one allowed (Required)

Who do you want to become the Account Owner in the event of the Account Owner's death? If left blank your estate will become the Account Owner

Student Beneficiary, skip to Part B **Account Owner's estate**, see page 4 of the instructions. **Other person**, specified below

Last Name First Middle Suffix (Jr., etc.)

SSN/TIN (Required)	Gender Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/>	Date of Birth (MM/DD/YYYY) (Required)
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Mailing Address Check here if you want to use the same address as listed in the Contact Information in Section 2.

City State Zip Email

Home phone #	Work phone # ext. X	Other phone # (specify type)
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Do you also want to authorize the Account Owner Survivor to receive limited information about your Account by adding them as an Information Release Person?* Yes No

(B) INFORMATION RELEASE – Can have more than one

Do you want to authorize another individual, other than the Account Owner or Student Beneficiary, to receive limited information about your Account?*

Yes, complete this section **No**, skip to Part C.

Last Name First Middle Suffix (Jr., etc.)

SSN/TIN (Required)	Gender Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/>	Date of Birth (MM/DD/YYYY) (Required)
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Mailing Address Check here if you want to use the same address as listed in the Contact Information in Section 2.

City State Zip Email

Home phone #	Work phone # ext. X	Other phone # (specify type)
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(C) LEGAL GUARDIAN

Is the Account Owner listed in Section 2 a minor (under 18 years of age)?

Yes, you MUST complete this section **No**, skip to next section

Last Name First Middle Suffix (Jr., etc.)

SSN/TIN (Required)	Gender Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/>	Date of Birth (MM/DD/YYYY) (Required)
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Mailing Address Check here if you want to use the same address as listed in the Contact Information in Section 2.

City State Zip Email

Home phone #	Work phone # ext. X	Other phone # (specify type)
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***PLEASE NOTE: Once the minor Account Owner reaches the age of majority, the Guardian will be removed from the Account and we will request new contact/login information from the Account Owner.**

*The Program cannot release personal information regarding the Account including the Account Owner's Login ID and password to the Information Release Person.

SECTION 10. DEMOGRAPHIC INFORMATION

Student Beneficiary's Relationship to Account Owner: Child Grandchild Self Other relative Not related/friend

Decline to Answer

Account Owner's Race/Ethnicity: Black Alaskan Native American Indian Asian White Hispanic/Latinx

Native Hawaiian or other Pacific Islander Other race Decline to Answer

Annual Household Income: Less than \$10,000 \$10,000-\$14,999 \$15,000-\$24,999 \$25,000-\$34,999 \$35,000-\$49,999

\$50,000-\$64,999 \$65,000-\$74,999 \$75,000-\$99,999 \$100,000-\$149,999 \$150,000-\$199,000 \$200,000 and up Decline

Account Owner's Education (check highest grade completed): Some High School High School Graduate/GED Some College

Associate Degree/Certificate Bachelor's Degree Master's Degree Doctoral Degree Other Decline to Answer

Account Owner's Age Range: Under 18 Yrs 18-24 Yrs 25-34 Yrs 35-44 Yrs 45-54 Yrs 55-64 Yrs 65 Yrs or older

Decline to Answer

SECTION 11. AUTOMATIC WITHDRAWAL AUTHORIZATION (ACH) – Optional (This can also be setup online)

Bank Account Holder:

Last Name First Middle Suffix (Jr., etc.)

SSN/TIN (Required)

Gender:

Date of Birth (MM/DD/YYYY) (Required)

Mailing Address Check here if you want to use the same address as listed in the Contact Information in Section 2.

City State Zip Email

Home phone # Work phone # ext. Other phone # (specify type)

Bank Account Type: Checking
 Savings

GET Account Type: Lump Sum
 Custom Monthly

Automatic Withdrawal Amount \$ _____ (per month) **Lump Sum Only –**
(See amount you listed in Section 5) Pull my payment on the _____ of each month

REQUIRED: Please TAPE a checking account voided check or a savings account deposit slip HERE. (Please do NOT staple.)

Do **not** attach a deposit slip for checking account withdrawals. Please be aware that some financial institutions do not allow automatic withdrawal from savings accounts.

I hereby authorize the Guaranteed Education Tuition Program (GET) to initiate entries to my financial institution account indicated below and the financial institution indicated below to debit this same account. This authority remains in full force and effect until the GET office receives my written notification of its termination in such time and manner as to afford GET and the financial institution a reasonable opportunity to act on it. Revocation by notice to the financial institution is not sufficient. GET may cancel my ACH and notify me in writing of such cancellation. I understand that withdrawals for Custom Monthly Accounts occur automatically on the 15th day of each month or on the next business day if the 15th day falls on a weekend or holiday. Lump Sum withdrawals occur each month on the date I select above or on the next business day if my selected date falls on a weekend or holiday. If no date is specified for the Lump Sum withdrawal, the withdrawal will be scheduled to occur on the 15th day of the month. In the event of unsuccessful debits, I understand that GET reserves the right to assess this GET Account a returned ACH fee of \$25.00 per returned ACH withdrawal or the actual bank fee charged, whichever is greater. I understand that GET will process my ACH request upon receipt of my signed authorization. GET will notify me in writing of the first expected ACH withdrawal date. However, by signing this form, I acknowledge that GET may begin withdrawals even if I do not receive written notification prior to the first withdrawal date.

By signing below, I acknowledge that I have read and agree to the above terms.

Signature of **Bank Account Holder**

X

Date

Please submit form to:

**Guaranteed Education Tuition
PO Box 84824
Seattle WA 98124-6124**

*****YOUR ENROLLMENT FORM MUST BE POSTMARKED BY MAY 31, 2021*****

GET Enrollment Form 2020-2021 Instructions

- PLEASE PRINT OR TYPE ALL INFORMATION except your signature.
- Carefully read the GET Enrollment Guide and Program Details Booklet before enrolling in GET. Copies are available at the program website at www.wastate529.wa.gov/forms. If you need additional information or assistance in completing this enrollment form, please contact us at GETInfo@wsac.wa.gov or call TOLL-FREE 1.800.955.2318, 8 a.m. to 5 p.m., PT, Monday through Friday (except state holidays).
- Complete a separate enrollment form for each Student Beneficiary you enroll in the program.
- Complete all applicable sections of the enrollment form, or your account set-up may be delayed.
- Sign and date your enrollment form.
- If you are enclosing a rollover payment from another 529 program, US Savings Bonds or a Coverdell Education Savings Account, enclose documentation (e.g., Account statement or other documentation) indicating the principal and earnings portion of the rollover amount. See the GET Master Agreement in the Program Details Booklet for further details.
- Pay the one-time \$50 enrollment fee per Student Beneficiary at time of enrollment. A maximum of \$100 per family is charged where all Accounts have the same Account Owner, and the Student Beneficiaries live at the same address (refunded, canceled and rolled over Accounts are not eligible). See specific instructions in Section 7 for more details. Note that you can enroll online to avoid this fee.
- Make checks payable to Guaranteed Education Tuition. You may write one check for both the enrollment fee and Lump Sum Units purchased.
- Submit form to: Guaranteed Education Tuition, PO Box 84824, Seattle WA 98124-6124

Enrollment forms must be completed online or postmarked by May 31, 2021.

Important Payment Information:

Processing your enrollment form may take 30 days or more. Therefore, if you are enrolling in April or May, you may not receive enrollment confirmation or an Account number before the Unit Purchase Price changes on July 1, 2021. We strongly recommend including funds for any Lump Sum Units you are purchasing with your enrollment form to ensure that you are purchasing the Units at the current \$133 Unit Purchase Price. Payments must be **RECEIVED** by June 25, 2021, to purchase Lump Sum Units at the current \$133 Unit Purchase Price.

If you are purchasing a Custom Monthly Plan, your payments will be due on the 15th of the month, starting 15-45 days from the program's receipt of this enrollment form. If you asked to receive a coupon book (see *Section 6*), you should receive the coupon book approximately 2-3 weeks before your first payment is due.

SPECIFIC INSTRUCTIONS:

Section 1 – Account Owner

The Account Owner is the individual responsible for payment and is the only one who may make changes to the Account. If the Account Owner is an individual person, complete the "Individual Account Owner" section. **ONLY ONE INDIVIDUAL CAN BE THE ACCOUNT OWNER.** If the Account Owner is a trust, corporation, non-profit or other entity type, complete the "Other Account Owner Type" section. The Account Owner **or** the Student Beneficiary must be a resident of Washington State to enroll in the program.

Individual Account Owners

Select the correct option and follow the instructions on the enrollment form.

Other Account Owner Types

Enter the legal name of the existing trust* (exactly as shown on your trust documents), corporation, non-profit or other legal entity type to be listed as the Account Owner. Enter the entity's Federal Employer Identification Number (EIN) or Taxpayer Identification Number (TIN). GET is required to obtain this information for federal tax reporting purposes.

*A trust must be previously established before being named as the Account Owner. Trust documentation is required within 60 days of establishing this Account. If you are unable to provide the trust documentation in its entirety, we require the pages that include the following: Full legal name of the trust, the tax identification number of the trust, and legal names of all trustees and their notarized signatures. Only one Trustee will be allowed on the Account to make changes or gain login information. All other Trustees named in the documentation can be added to the Account as Information Release Persons.

Section 2 – Contact Information

For Individual Account Owners: Enter the legal name of the Account Owner (one person only). Enter the Account Owner's Social Security number. GET is required to obtain this information for tax reporting purposes. Enter the Account Owner's date of birth, gender, mailing address, phone number(s), and email. Due to our Account login process, the Account Owner's email is required. It must be unique to this Account Owner as it is a primary identifier in the user authentication process.

For Other Account Owner Types: Enter the name of the individual who is authorized to sign on behalf of the entity. In the case of an existing trust, the Trustee is usually the Authorized Representative. A copy of trust documents verifying the Authorized Representative must be provided. In the case of a non-profit organization or corporation, an officer of the entity is usually considered the Authorized Representative.

Section 3 – Student Beneficiary

If the Student Beneficiary already has an Account with GET where you are listed as the Account Owner, and you wish to purchase more Lump Sum Units, you do not need to complete an additional enrollment form. Simply note on your payment coupon that this is a Lump Sum Unit purchase and mail it with the payment to: GET, PO Box 84824, Seattle WA 98124-6124. Please contact us at GETInfo@wsac.wa.gov or 1.800.955.2318 for further guidance.

If the Account Owner is also the Student Beneficiary for the new Account, write "SAME AS ACCOUNT OWNER" in Section 3 and skip to Section 4. Otherwise, enter the Student Beneficiary's legal name. Enter the Student Beneficiary's Social Security number. Social Security number is required at enrollment. GET is required to obtain this information for tax reporting purposes. Enter the Student Beneficiary's birth date, gender, mailing address, email and phone number(s).

Section 4 – Projected Benefit Use Year

Enter the academic year you expect the Student Beneficiary to enter college. See Chart A below.

CHART A – Student Beneficiary’s Projected Benefit Use Year

<u>Student Beneficiary Age/Grade as of August 31, 2020</u>	<u>Projected Benefit Use Year</u>	<u>Student Beneficiary Age/Grade as of August 31, 2020</u>	<u>Projected Benefit Use Year</u>
Born after August 31, 2020	Fall 2039	3rd Grade	Fall 2030
Newborn, less than Age 1	Fall 2038	4th Grade	Fall 2029
Age 1	Fall 2037	5th Grade	Fall 2028
Age 2	Fall 2036	6th Grade	Fall 2027
Age 3	Fall 2035	7th Grade	Fall 2026
Age 4/5 (not in Kindergarten)	Fall 2034	8th Grade	Fall 2025
Kindergarten	Fall 2033	9th Grade	Fall 2024
1st Grade	Fall 2032	10th Grade	Fall 2023
2nd Grade	Fall 2031	11th Grade	Fall 2023*
		12th Grade and Adults	Fall 2023*

*Washington law requires a two-year wait before benefits may be used. Custom Monthly Plans purchased this year will be available, at the earliest, if paid in full, for Fall 2023. When you buy a GET unit, you pay more than the current payout value, meaning it may take several years for your account to exceed the price you paid. Please note that, generally, the longer the units remain in your account, the more likely it is that the unit payout value will exceed your unit purchase price. However, the State does not guarantee that you will make money. If in-state tuition decreases in the future, GET units may lose value.

Section 5 – Plan Selection

The GET Program offers two types of plans: The Lump Sum Plan and the Custom Monthly Plan. Can't decide? Save through both plans. If you open a Custom Monthly Plan Account, you can buy Lump Sum Units at any time. See Chart B for a summary of the plans.

If you are selecting the Lump Sum Plan, check the appropriate box and provide GET with the number of Lump Sum Units you are paying for today and the total amount you are enclosing with the enrollment form for these Units. You must purchase at least one Unit in addition to paying the application fee. **Note: we do not accept credit/debit cards for Unit purchases.**

If you are selecting the Custom Monthly Plan, review Chart C to determine your monthly payment. Mark the number of Units you are contracting for and the number of years you will be making payments. For example, if your Student Beneficiary is currently six months old and you wanted to purchase 250 Units, Chart A shows a projected benefit use year of fall 2038. Chart C shows that you may make payments for up to 17 years based on a fall 2038 projected benefit use year. As you scan across Chart C, you find the column labeled 250 Units. Your monthly payment will be \$251 on a 17-year monthly payment schedule. If you scan down that same column, you can see that by paying \$299 per month, you can make payments for only 13 years. You can reduce the total finance charge on a Custom Monthly Plan by selecting a shorter term. You can reduce the amount of your monthly payment by selecting a longer term. In this example, you cannot select a term longer than 17 years because the Account must be paid in full for the Student Beneficiary to use the Units in 2038. After making all payments, the Student Beneficiary will have 250 Units eligible for use, of which 200 may be used in any one academic year. Eligible unused Units from one year automatically roll over to the next year.

CHART B – Lump Sum and Custom Monthly Plan Comparisons

Lump Sum and Custom Monthly Plan Comparisons	Lump Sum Plan	Custom Monthly Plan
What is the minimum Unit purchase?	You must buy one Unit within the enrollment year in which you complete your enrollment form. After making the minimum purchase, you may buy Units in any increment including fractional Units.	Sold in increments of 50 Units.
What is the maximum number of Units that I can purchase?	You may buy up to 800 Units for each Student Beneficiary. Although a Student Beneficiary may have more than one Account, the total combined Units cannot exceed the 800 Unit lifetime maximum per Student Beneficiary.	You may buy up to 800 Units for each Student Beneficiary. Although a Student Beneficiary may have more than one Account, the total combined Units cannot exceed the 800 Unit lifetime maximum per Student Beneficiary.
Is there a difference in the price of the Units?	The current Unit Purchase Price is \$133. The Unit Purchase Price is set annually and may also be adjusted once during the year. You pay whatever the current Unit Purchase Price is at the time we <u>RECEIVE</u> your payment. All payments to purchase Lump Sum Units at the \$133 Unit Purchase Price must be received by June 25 th .	The Unit Purchase Price is fixed at \$133 for the current enrollment period and a 5.5% finance charge, and a small interest adjustment are included in your monthly payment. Your set monthly payment will not increase, even when Unit Purchase Prices increase.
When can the Student Beneficiary begin using the Units?	<ul style="list-style-type: none"> • You must hold each Unit from the time of purchase for a minimum of two years. You may need several years before the Unit Payout Value exceeds the Unit Purchase Price. • The Student Beneficiary must be enrolled in an eligible institution of higher education. • The Student Beneficiary must reach the Benefit Use Year. You can contact us if you need to change this year. 	<ul style="list-style-type: none"> • The contract must be paid in full. • The Account must be open for at least two years (with the 5.5% finance charge, you may need several years before the Account payout value exceeds your contributions). • The Student Beneficiary must be enrolled in an eligible institution of higher education. • The Student Beneficiary must reach the Benefit Use Year. You can contact us if you need to change this year.
Can other people make contributions/gifts?	Anyone can make contributions to the Account as long as your account does not exceed 800-Unit maximum.	Anyone can make contributions to the Account as long as your account does not exceed 800-Unit maximum. A giftor can specify whether the contribution is to be applied to the set monthly payment or to purchase Lump Sum Units at the Unit Purchase Price in effect at time the payment is received.
Do I have a payment due date?	No. You contribute at any time based on the Unit Purchase Price in effect at the time the payment is received. You can set up monthly payments that buy units at the price in effect at the time of payment.	Yes. Payments are due the 15 th day of the month. A \$10.00 late fee will be posted to your Account if we do not receive the payment within ten days of the due date.

CHART C – Custom Monthly Plan Payments

Custom Monthly Plan Units

Projected Benefit Use Year	Contract Term (years)	50 Units	100 Units	150 Units	200 Units	250 Units	300 Units	350 Units	400 Units
Fall 2039	18	\$49	\$97	\$146	\$194	\$242	\$291	\$339	\$388
Fall 2038	17	\$51	\$101	\$151	\$201	\$251	\$301	\$351	\$401
Fall 2037	16	\$53	\$105	\$157	\$209	\$261	\$313	\$365	\$417
Fall 2036	15	\$55	\$109	\$163	\$217	\$272	\$326	\$380	\$434
Fall 2035	14	\$57	\$114	\$171	\$228	\$284	\$341	\$398	\$455
Fall 2034	13	\$60	\$120	\$180	\$239	\$299	\$359	\$418	\$478
Fall 2033	12	\$64	\$127	\$190	\$253	\$316	\$379	\$443	\$506
Fall 2032	11	\$68	\$135	\$202	\$270	\$337	\$404	\$471	\$539
Fall 2031	10	\$73	\$145	\$217	\$289	\$362	\$434	\$506	\$578
Fall 2030	9	\$79	\$157	\$235	\$314	\$392	\$470	\$549	\$627
Fall 2029	8	\$86	\$172	\$258	\$344	\$430	\$516	\$602	\$688
Fall 2028	7	\$96	\$192	\$288	\$384	\$479	\$575	\$671	\$767
Fall 2027	6	\$109	\$218	\$327	\$436	\$545	\$654	\$763	\$872
Fall 2026	5	\$128	\$255	\$383	\$510	\$638	\$765	\$893	\$1,020
Fall 2025	4	\$156	\$311	\$466	\$622	\$777	\$932	\$1,087	\$1,243
Fall 2024	3	\$202	\$404	\$606	\$807	\$1,009	\$1,211	\$1,413	\$1,614
Fall 2023	2	\$295	\$590	\$885	\$1,180	\$1,475	\$1,769	\$2,064	\$2,359
Fall 2023	1	\$575	\$1,149	\$1,723	\$2,297	\$2,872	\$3,446	\$4,020	\$4,594

Custom Monthly Plan Units (continued)

Projected Benefit Use Year	Contract Term (years)	450 Units	500 Units	550 Units	600 Units	650 Units	700 Units	750 Units	800 Units
Fall 2039	18	\$436	\$484	\$533	\$581	\$630	\$678	\$726	\$775
Fall 2038	17	\$451	\$501	\$552	\$602	\$652	\$702	\$752	\$802
Fall 2037	16	\$469	\$521	\$573	\$625	\$677	\$729	\$781	\$833
Fall 2036	15	\$489	\$543	\$597	\$651	\$705	\$760	\$814	\$868
Fall 2035	14	\$511	\$568	\$625	\$682	\$738	\$795	\$852	\$909
Fall 2034	13	\$538	\$598	\$657	\$717	\$777	\$836	\$896	\$956
Fall 2033	12	\$569	\$632	\$695	\$758	\$822	\$885	\$948	\$1,011
Fall 2032	11	\$606	\$673	\$740	\$808	\$875	\$942	\$1,009	\$1,077
Fall 2031	10	\$650	\$723	\$795	\$867	\$939	\$1,011	\$1,084	\$1,156
Fall 2030	9	\$705	\$783	\$862	\$940	\$1,018	\$1,097	\$1,175	\$1,253
Fall 2029	8	\$774	\$860	\$946	\$1,032	\$1,118	\$1,203	\$1,289	\$1,375
Fall 2028	7	\$862	\$958	\$1,054	\$1,150	\$1,246	\$1,341	\$1,437	\$1,533
Fall 2027	6	\$981	\$1,090	\$1,199	\$1,308	\$1,417	\$1,526	\$1,635	\$1,744
Fall 2026	5	\$1,148	\$1,275	\$1,403	\$1,530	\$1,658	\$1,785	\$1,912	\$2,040
Fall 2025	4	\$1,398	\$1,553	\$1,709	\$1,864	\$2,019	\$2,174	\$2,330	\$2,485
Fall 2024	3	\$1,816	\$2,018	\$2,220	\$2,421	\$2,623	\$2,825	\$3,027	\$3,228
Fall 2023	2	\$2,654	\$2,949	\$3,243	\$3,538	\$3,833	\$4,128	\$4,423	\$4,717
Fall 2023	1	\$5,169	\$5,743	\$6,317	\$6,891	\$7,466	\$8,040	\$8,614	\$9,188

Section 6 – Payment Options

The GET Program offers a variety of payment options including: automatic monthly bank withdrawals, payroll deduction, mailed paper check, and customer-directed bank transfers through our secure website. For more details about these options, please refer to our 2020-2021 Enrollment Guide. If you choose to send your payments by mail, you can request that we send you a coupon book for Lump Sum and/or Custom Monthly Plan purchases. If you want to initiate any other payment options, please check the appropriate boxes and submit the information required. **Note:** We do not accept cash or credit/debit card payments.

Section 7 – Enrollment Fee – (This fee is waived if you enroll online)

The GET Program charges a one-time non-refundable \$50 enrollment fee per Student Beneficiary when you enroll using the paper form. There is no enrollment fee for online enrollment (it's easy to enroll online at www.wastate529.wa.gov and only takes a few minutes). If you are paying the enrollment fee by check or money order, check box A. **The enrollment fee is due at the time of enrollment.** You may qualify for an enrollment fee waiver if you meet the following criteria:

1. Are you the designated Account Owner for more than two active Accounts (not canceled, refunded, or rolled out) for Student Beneficiaries living at the same address? Yes No
2. Have you paid the maximum \$100 in enrollment fees on the Accounts in Question 1? Yes No

If you answered yes to both of these questions, you may qualify for an enrollment fee waiver. Check box B and provide the GET Account number (or SSN if you are opening the other Accounts today and do not have an Account number yet) and Student Beneficiary name for the Accounts where the \$50 enrollment fee has been paid. The enrollment fee waiver is subject to final approval by the GET Program.

Section 8 – Signature

The Individual Account Owner must sign the enrollment form. If the Account Owner is a minor (under the age of 18), the Legal Guardian must sign the form and complete Section 9, Part C.

For Other Account Owner Types, the individual authorized to sign on behalf of the entity must sign the form. In the case of a trust, the trustee is usually the Authorized Representative. In the case of a non-profit organization or corporation, an officer of the entity is usually considered the Authorized Representative.

Section 9 – Other Persons (Please Note: Only the Account Owner can make changes to the Account.)

Part A – Use this section to name an Account Owner Survivor for this Account. The Account Owner Survivor will become the owner of the Account upon the original Account Owner's death. All rights and obligations of this agreement transfer to this Account Owner Survivor. Failure to assign an Account Owner Survivor will result in all rights and obligations automatically transferring to the Account Owner's estate. **Note:** If you want to authorize GET to release limited information to the Account Owner Survivor, check the box and they will be included as an Information Release. Contact the GET Program office for more information.

Part B – You may authorize GET to release information regarding your Account to another person(s) such as a spouse, grandparent or guardian. If you wish to authorize someone (in addition to the Account Owner) to receive limited inquires on this Account, complete Part B. Please note that the program will only provide the login ID and PIN for online Account access to the Account Owner.

Part C – **Only complete this section if the Account Owner identified in Section 2 is less than 18 years old.** A Legal Guardian must be designated when the Account Owner is a minor. Please note that once the minor Account Owner reaches the age of 18, the Guardian will be removed from the Account and new contact/login information will be requested from the Account Owner.

Section 10 – Demographic Information

This information is optional. However, it does give the GET Program a better understanding of GET customers, which helps when considering upgrades and improvements to the program. Demographic information is reported at the aggregate level; GET never shares individual Account demographic or contact information with any other entity.

Section 11 – Automatic Withdrawal Authorization – (Optional)

If you checked box A in Section 6, please complete this section. Completing this section authorizes GET to automatically withdraw money from your bank or credit union Account and deposit it directly into your GET Account. Payments are deducted on the 15th day of each month or the following business day for Custom Monthly Plans, or on a date you select for Lump Sum Plans. You may choose to make your Custom Monthly Plan payment using this option, or you can opt to purchase Lump Sum Units in this manner. Please provide information for the bank account holder. This person may be different than the person listed as the Account Owner on the Account but you must include the bank account holder's authorizing signature.