CHANGE OF ADDRESS

GUARANTEED EDUCATION TUITION

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

Account Information

Account Number _____

Account Owner _____ SSN or TIN _____

Student Beneficiary _____ 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 - Please select and provide names for all that apply

☐ **Account Owner** _____ ☐ **Giftor** _____

☐ **Student Beneficiary** _____ ☐ **Guardian** _____

☐ **Account Owner Survivor** _____ ☐ **Trustee** _____

☐ **Information Release Person** _____ ☐ **Other** _____

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

Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450
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