

CUSTODIAN AUTHORIZATION

Use this form to name the custodian of the UGMA/UTMA funds contributed to your GET Account. The custodian controls the account and signs all documents until the account owner turns 18. Refer to the Program Details Booklet and the Master Agreement for additional details.

GET Account Information

GET Account Number _____

Account Owner _____ SSN or TIN _____

Student Beneficiary _____ SSN or TIN _____

Account Owner Information

Has the account owner's contact information changed? Yes, complete this section. No, skip this section.

Mailing Address _____ Post Office Box Number _____

City/State/ZIP _____ Email Address _____

Phone Numbers _____

Home _____ Work _____ Other (Please specify type.) _____

Custodian Information

Name (First, Middle, Last, Suffix) _____

SSN or TIN _____

Birth Date (*Required*) _____

Street Address/Apartment Number _____

Post Office Box Number _____

City/State/Zip Code _____

Email Address _____

Phone Numbers _____

Home _____ Work _____ Other (Please specify type.) _____

Custodian's Signature – *Required*

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 Account.

Custodian's Signature

Date