

OUTGOING ROLLOVER REQUEST

- Use this form to transfer funds from your GET account into another 529 plan (Qualified Tuition Program).
- Do not use this form to transfer funds from your GET account into the DreamAhead College Investment Plan.
- **Only complete this form if you wish to rollover your entire GET account balance, and therefore close your GET account.**
- **Before** completing this form you must open an account with the 529 plan that you intend to roll your GET funds into.
- Only the **GET Account Owner** may request a rollover.
- The Account Owner and Student Beneficiary names listed in section 1 of this form must match the names listed in section 2.
- It is estimated that it will take up to **three weeks** to process properly completed forms after the form is received in the GET office. It may take longer if any information is missing or incorrect .
- The WA529 Program and Committee are not liable for any change in market conditions during the time needed to process this Outgoing Rollover Request.
- An original completed, signed, and notarized form must be submitted to complete your request. Faxed and photocopied forms will not be accepted.

GET Account Information – Which GET account you are rolling funds out of			
Account Number		Account Owner Name	
Student Beneficiary Name		Account Owner Phone Number	

Receiving 529 Plan Information - Where to send the funds you are rolling out of your GET account			
Account Owner Name		Student Beneficiary Name	
Company/Plan Name		Plan Phone Number	
Plan Address		City, State, Zip	
Account Number			

Rollover Authorization	
<input type="checkbox"/> I authorize GET to rollover the entire value (contributions and/or payout value) of this GET account.	Initial _____

Transaction Authorization – Agree to the terms and conditions below and authorize GET to perform the transaction	
I certify that (read each of the following statements and sign below to signify your understanding and to authorize GET to process this rollover):	
<ul style="list-style-type: none"> ✓ I am the Account Owner of the GET account listed above and understand my other account options, in lieu of a rollover; ✓ I authorize GET to roll over the entire value of this GET account; ✓ I understand that this rollover is non-reversible, and that this rollover may or may not be in my best financial interest; ✓ I have read the GET Master Agreement & Program Details; I understand the rules and regulations governing the GET Program; ✓ The information in this form is true, complete and accurate and I authorize GET to act on instructions on the form believed to be genuine and from me; ✓ I understand that in accordance with IRC Section 529, I am allowed one rollover per 12 month period for the same beneficiary. Exceeding this limit can result in tax and penalty consequences. GET is not responsible for any consequences related to the Account Owner's improper use, transfer or characterization of the rollover; ✓ By signing this form I am giving permission to the Receiving 529 Plan to communicate with GET on my behalf regarding this specific transaction; and ✓ I understand that it is my responsibility to determine that the Receiving 529 Plan is a qualified 529 plan as described in IRS publication 970. 	
_____	_____
Account Owner's Signature (must be 18 or older & a Notary must witness signature)	Date (must match date signed by Notary)

Notary Section – This type of transaction requires the Account Owner to sign in the presence of a licensed Notary	
County of _____	I certify that I know or have satisfactory evidence that (required) _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.
State of _____	
(Seal or Stamp)	Dated _____ (must match date signed by Account Owner)
	Signature _____ Printed Name _____ Title _____
	My Appointment Expires _____
(Notary signature and name on seal must match exactly)	