

**ACCOUNT OWNER CHANGE (PAGE 1 OF 2)**

Use this form to change the owner of your account. Please complete both sides of this form. An original completed, signed, and notarized form must be submitted to complete your request. **Faxed and photocopied forms will not be accepted.**

**Current Account Information**

Type of Account:       Lump Sum                       Custom Monthly

Account Number Current \_\_\_\_\_

Account Owner \_\_\_\_\_ SSN or TIN \_\_\_\_\_

Student Beneficiary \_\_\_\_\_ SSN or TIN \_\_\_\_\_

**Reason for Change Request** (Please select one)

- Disability of Account Owner    Enclose a copy of the Power of Attorney or court order determining disability and appointing a representative.
- Death of Account Owner        Enclose a copy of the account owner's death certificate.
- Court Order                        Enclose a copy of the court order.
- Other (please specify) \_\_\_\_\_

**Automatic Payments**

Inactivate the Automatic Monthly Withdrawal (ACH) for this GET account.

To change payroll deductions, the employee must submit a new Payroll Deduction Authorization form, to his or her payroll department. Download form at [wastate529.wa.gov/forms-get](http://wastate529.wa.gov/forms-get).

**Current Account Owner's Signature** – Not Required for Change of Account Owner Due to Death

I acknowledge that by submitting this form, I relinquish all rights and responsibilities of the account to the new account owner: \_\_\_\_\_, and I certify under the penalty of perjury, that all the above information is true and correct.  
(Name of New Account Owner)

\_\_\_\_\_  
**Current Account Owner's Signature** (must be 18 or older & Notary must witness signature)

\_\_\_\_\_  
**Date** (must match date of Notary)

**Notary Section - Not Required for Change of Account Owner Due to Death**

County of \_\_\_\_\_  
State 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.

Date \_\_\_\_\_  
(must match date of Account Owner)

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

(Seal or Stamp)

Title \_\_\_\_\_

My appointment expires \_\_\_\_\_

(Notary signature and name on seal must match exactly)

