

REIMBURSEMENT REQUEST FORM

- Complete this form to request reimbursement for your out-of-pocket Qualified Higher Education Expenses (QHEE) you incurred in the current calendar year (as defined in the GET Master Agreement, Section V.G.2).
- Account distributions cannot exceed 200 units per academic year, plus any eligible units rolled over from a prior benefit use year.
- It is important to specify only the amount you wish to be reimbursed for. Any distributions that exceed QHEE could be subject to IRS taxes and penalties.
- The Student Beneficiary must attend a qualified school at least half time to qualify for the payment of room and board expenses. The amount may not exceed the room and board allowance calculated by the college in its Cost of Attendance budget.
- **All reimbursement requests for the current calendar year must be received by the third Friday of December.**
- If these conditions are not met, your reimbursement may be considered a non-qualified withdrawal, and the earnings portion may be subject to income tax and a 10% federal tax penalty (see details in IRS Publication 970 – <http://www.irs.gov/publications/p970/index.html>).
- Please allow 2 weeks to process payment. **(If Notary is required, please mail the original form to: The GET Program, PO Box 43450, Olympia, WA 98504-3450)**

Account Information	
Account Number	Account Owner Name
Student Beneficiary Name	Account Owner Phone Number
Academic Information	
School Name	Be aware that if you request reimbursement for expenses incurred in a year prior to the current calendar year, your reimbursement may be considered a non-qualified withdrawal and the earnings portion may be subject to income tax and a 10% federal tax penalty.
Address	
City, State, Zip	
Payment Information	
Please send my payment to	Total amount requested
<input type="checkbox"/> Account Owner	<input type="checkbox"/> Student Beneficiary (requires Notary) \$
All checks will be mailed to the address we have on file. To update your address, please log into your online account at wastate529.wa.gov or call us at 1.800.955.2318 .	All reimbursement requests for the current calendar year must be received by the third Friday of December. (To calculate the number of units you are using, divide the total amount requested by the current payout value.)
Account Owner's Signature – Agree to the terms and conditions, and sign and date in the presence of a Notary.	
<p>As the Account Owner, I certify that:</p> <ul style="list-style-type: none"> ✓ I am the Account Owner of the GET Account listed above. ✓ This reimbursement is to pay for Qualified Higher Education Expenses as defined by Internal Revenue Code Section 529. I understand that I am responsible for determining whether the expenses for which these funds are used are qualified or non-qualified, and for reporting the 10 percent of earnings penalty for non-qualified distributions on my federal tax return. Qualified higher education expenses include the costs of tuition, fees, room and board, books, supplies, and equipment required for the enrollment or attendance at an eligible institution. IRS rules on qualified and non-qualified higher education expenses are available at: www.irs.gov/pub/irs-pdf/p970.pdf. ✓ I certify that 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 accurate. ✓ I authorize GET to act on instructions on the form believed to be genuine and from me 	
_____ Account Owner Signature (Notary must witness signature for payment to student beneficiary)	_____ Date (must match date of Notary)
Notary Section – A notary must witness your signature and complete the section below if payable to a student.	
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 _____ Title _____ My Appointment Expires _____
_____ (Seal or Stamp)	
(Notary signature and name on seal must match exactly)	