

ROLLOVER TO DREAMAHEAD

- 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 the DreamAhead account 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 Rollover Request.
- An original completed, signed, and notarized form must be mailed to the GET Program in order 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	

DreamAhead Account information - Which DreamAhead account to send the funds to

Account Owner Name		Student Beneficiary Name	
DreamAhead Account Number			

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):

- ✓ 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 (contributions and/or payout 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 this form;
- ✓ 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; and
- ✓ By signing this form I am giving permission to DreamAhead to communicate with GET on my behalf regarding this specific transaction.

Account Owner's Signature (Must be 18 yrs or older and 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
State of _____ 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.

(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)