

TRANSFER REQUEST

Use this form to transfer units from one GET account to another. **The maximum lifetime limit per individual student is 800 units.** The student receiving units must be a family member of the student transferring units. According to the IRS, family members include spouses, parents/stepparents, siblings/step-siblings, aunts/uncles and first cousins. For a complete list of eligible family members, please review IRS Publication 970 or call us. (If you are transferring units to a different Account Owner, we require this form to be notarized. You must send this original, notarized form, along with the required signatures noted below, to complete your request. **Fax or photocopy not accepted.**) We can accept faxed or photocopied forms for transfers that do not require a Notary.

Account Owner Information

Name (First, Middle, Last, Suffix) _____ SSN or TIN _____
 Street Address/Apartment Number _____ Email Address _____
 Post Office Box Number _____ Phone Number _____
 City/State/ZIP _____ Home _____ Work _____

Unit Transfer Information

Transfer **From:** _____
 GET Account Number _____ Student Beneficiary's Name _____
 Transfer **To:** _____
 GET Account Number _____ Student Beneficiary's Name _____

Please choose one - (The maximum lifetime limit per individual student is 800 units.)

- Partial unit transfer / number of units to transfer: _____
- Convert this account to lump sum and transfer all units (non-paid-in-full Custom Monthly accounts only).
- Transfer all units and close this account.

Account Owner'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.

Account Owner's Signature (Must be 18 or older & Notary must witness signature) _____ **Date** (must match date of Notary) _____

Notary Section - (Notary is ONLY required if units are being transferred to a different Account Owner)

County of _____ I certify that I know or have satisfactory evidence that (required) _____ is the
 State of _____ 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.

(Seal or Stamp) _____ Date _____ Signature _____
 (must match date of Account Owner) _____
 Printed Name _____
 Title _____
 My appointment expires _____

(Notary signature and name on seal must match exactly)