

CHANGE OF ADDRESS

Account Owner: Please use this form to change the mailing address, email address or phone numbers for individuals associated with your account.

Account Information

Account Number	_____	
Account Owner	_____	
	Name	SSN or TIN
Student Beneficiary	_____	
	Name	SSN or TIN

New Address / Email Address / Telephone Number

Street Address/Apt. Number	_____	
Post Office Box Number	_____	
City/State/Zip Code	_____	
Email Address	_____	
Telephone Numbers	_____	
	Home	Work
		Other (Please specify type)

The new address applies to: (Check all that apply.)

<input type="checkbox"/> Account Owner	_____	<input type="checkbox"/> Giftor	_____
	Name		Name
<input type="checkbox"/> Student Beneficiary	_____	<input type="checkbox"/> Guardian	_____
	Name		Name
<input type="checkbox"/> Account Owner Survivor	_____	<input type="checkbox"/> Trustee	_____
	Name		Name
<input type="checkbox"/> Information Release Person	_____	<input type="checkbox"/> Other	_____
	Name		Name

Account Owner's Signature - *Required*

Only the Account Owner may authorize changes to this account.

I certify under penalty of perjury that I am the legal Account Owner and I authorize these requested changes to the Guaranteed Education Tuition Program account indicated above.

_____	_____
Account Owner's Signature	Date

Send to: Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450 or 360-704-6200 (Fax)