



## CUSTODIAN AUTHORIZATION

Please use this form to tell us the custodian named on the UGMA/UTMA funds recently deposited into your GET account. The custodian controls the account and signs all documents until the account owner turns 18.

### GET Account Information

GET Account Number \_\_\_\_\_

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

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

### Account Owner Information

Has the Account Owner's contact information changed?  Yes, complete this section.  No, skip this section.

Street Address/Apartment Number \_\_\_\_\_ Post Office Box Number \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Other (Please specify type.) \_\_\_\_\_

### Custodian Information

Name (First, Middle, Last, Suffix) \_\_\_\_\_

SSN or TIN \_\_\_\_\_

Birth Date \_\_\_\_\_

Street Address/Apartment Number \_\_\_\_\_

Post Office Box Number \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Other (Please specify type.) \_\_\_\_\_

### Custodian's Signature *Required*

*I certify under penalty of perjury that I am the custodian for the UGMA/UTMA monies that fund this GET account and that all the above information is true and correct. As the custodian of this account, I accept and agree to act under the terms of the UGMA or UTMA. I understand that once the minor Account Owner reaches the age of 18, I will be removed from the account and new login information will be requested from the Account Owner. I agree to all terms and conditions of the GET Master Agreement.*

\_\_\_\_\_  
Custodian's Signature Date

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

Questions: GETInfo@hecb.wa.gov or 1-800-955-2318