



## ACCOUNT OWNER SURVIVOR AUTHORIZATION

**Account Owner:** Please use this form to designate one person to assume control of your account in the event of your death (Account Owner survivor). If you do not designate someone, your student will assume control of the account and become the new Account Owner. This new Account Owner survivor will replace all previously named survivors.

### Current Account Information

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

Account Owner \_\_\_\_\_

Student Beneficiary \_\_\_\_\_

Name _____	SSN or TIN _____
Name _____	SSN or TIN _____

### Account Owner Survivor Information

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

SSN or TIN *(Required)* \_\_\_\_\_

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

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

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

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

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

Telephone Numbers \_\_\_\_\_

Home _____	Work _____	Other (Please specify type) _____
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Please check here if you would like to authorize this person to receive verbal information about your account.

### Account Owner's Signature - Required

*Only the Account Owner may authorize changes to this account.*

*In the event of my death, I want to transfer all of the Master Agreement rights and responsibilities of my Guaranteed Education Tuition account to the Account Owner survivor designated above.*

Account Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_