GET
GUARANTEED EDUCATION TUITION

GET is committed to increased efficiency and reduced costs by using email and online processes whenever possible.

Newborn Enrollment Form - Summer 2020

****PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING ENROLLMENT FORM****
*****A COPY OF THE STUDENT BENEFICIARY'S BIRTH CERTIFICATE MUST BE ENCLOSED WITH THIS ENROLLMENT FORM*****
******$50 ENROLLMENT FEE REQUIRED – SEE SECTION 7******

SECTION 1. ACCOUNT OWNER – Please select one only

☐ **Individual Account Owner**

(Please check one)

☐ Check here if the Account Owner is an individual 18 or older.

☐ Check here if the Account Owner is under 18 and you are not funding the Account with UGMA/UTMA funds. The Parent or Legal Guardian must be designated in Section 9, Part C.

← OR →

☐ **Other Account Owner Type**

(Please check one) (Documentation may be required)

☐ Trust ☐ Corporation ☐ Non-profit
☐ Other Legal Entity Type
(please specify) _____

Entity Name

Entity TIN or EIN **(Required)**

SECTION 2. CONTACT INFORMATION – Individual Account Owner *OR* Trustee/Authorized Representative

First Name	Middle	Last	Suffix (Jr., etc.)

SSN/TIN **(Required)**	Gender Male ☐ Female ☐ X ☐	Date of Birth (MM/DD/YYYY) **(Required)**

Mailing Address (complete address including Apt # or PO Box)

City	State	Zip	Email **(Required)**

Home phone #	Work phone # ext. X	Other phone # (specify type)

How did you hear about the GET Program? ☐ Website/Internet ☐ Employer ☐ Newspaper/Magazine ☐ Radio/TV
☐ Friend/relative ☐ Presentation ☐School ☐ Financial Advisor: ☐ Other:

SECTION 3. STUDENT BENEFICIARY (must be between birth and 12 months old)

First Name	Middle	Last	Suffix (Jr., etc.)

SSN/TIN **(Required)**	Gender Male ☐ Female ☐ X ☐	Date of Birth (MM/DD/YYYY) **(Required)**

Mailing Address ☐ Check here if you want to use the same address as listed in the Contact Information in Section 2.

City	State	Zip	Email (optional)

Home phone #	Work phone # ext. X	Other phone # (specify type)

If you request not to use Internet communications, please check here. ☐

SECTION 4. PROJECTED BENEFIT USE YEAR (BUY)

In what academic year do you expect the Student Beneficiary to enter college and/or turn 18 years old? *(This is referred to as the Projected Benefit Use Year. See Instructions, Chart A.)*	Fall 2 0 _ _

SECTION 5. PLAN SELECTION – Select your plan. You may save through both plans.

☐ **Lump Sum Plan**

A. Current Unit Purchase Price	None (Will be set in the fall)
Payments received after June 25 will purchase units after the new Unit Purchase Price is set in the fall.	
B. Total amount I am enclosing today for Lump Sum Units* (A x B = C). Indicate if you would like a coupon book to purchase additional Units for your Account (*Section 6 below*).	$

Custom Monthly Plan

If you would like to open a Custom Monthly Plan, you can do so by opening a new account during the next enrollment period (no fee for online enrollment).

PLEASE NOTE: We can only accept checks, money orders or electronic payments. We do not accept cash or credit/debit card payments.

SECTION 6. PAYMENT OPTIONS – Please check all that apply:

☐ A. Yes, I want to initiate automatic monthly withdrawals from my bank account. I have completed the Automatic Withdrawal Authorization on page 4 of this enrollment form.

☐ B. Yes, I want to authorize deductions from my paycheck. I have completed the Payroll Deduction Authorization form found on GET's website at www.get.wa.gov, and will give it to my payroll department. *View a list of participating GET Payroll Deduction Employers at www.get.wa.gov/employee-payroll-deduction.*

☐ C. Yes, I want to make payments by mailing a paper check, along with a payment coupon. Please send me a book of payment coupons with my specific Account information that I can include with each payment. *Access generic payment coupons at www.get.wa.gov/forms.*

☐ D. Yes, I want others to contribute to my GET Account. I have completed the Giftor Authorization form found on GET's website at www.get.wa.gov/forms.

SECTION 7. ENROLLMENT FEE – Select one of the options below: *(Enrollment fee waived for online enrollment)*

☐ A. I am enclosing my check or money order for my non-refundable $50 enrollment fee (payment must be enclosed with enrollment form).

☐ B. I am not enclosing the $50 enrollment fee because I believe I qualify for an enrollment fee waiver (see page 3 of the attached instructions). I understand that the GET Program has final authority to approve all enrollment fee waivers. I am providing the GET Account numbers (or SSNs if you are opening the other Accounts today and do not have Account numbers yet) for the Accounts where the Account Owner is the same, the Student Beneficiaries all live at the same address, and the $50 enrollment fee has already been paid on at least two of the Accounts. Accounts that have been refunded, canceled or rolled over to another 529 plan are not included as eligible Accounts.

1. GET Account/SSN # _____ Student Beneficiary Name _____

2. GET Account/SSN # _____ Student Beneficiary Name _____

SECTION 8. ACCOUNT OWNER'S SIGNATURE – REQUIRED

By signing this enrollment form I agree to the following:

- I have completed all required sections of this form and certify that the information provided is true and accurate to the best of my knowledge.
- I have read, fully understand and agree to all the terms and conditions of the Master Agreement and the Program Details Booklet and acknowledge that penalties and fees may apply for Account cancellation/termination.
- I certify that the Student Beneficiary and/or Account Owner is a resident of Washington State.

Signature of Account Owner (or Legal Guardian if under 18 years of age) or Trustee/Authorized Representative	
X	Date

SECTION 9. OTHER PERSONS

(A) ACCOUNT OWNER SURVIVOR (Required) - Only one allowed

Who do you want to become the Account Owner in the event of the Account Owner's death? If left blank your estate will become the Account Owner

☐ **Student Beneficiary**, skip to Part B ☐ **Account Owner's estate,** see page 4 of the instructions. ☐ **Other person,** specified below

First Name	Middle	Last	Suffix (Jr., etc.)

SSN/TIN **(Required)**	Gender Male ☐ Female ☐ X ☐	Date of Birth (MM/DD/YYYY) **(Required)**

Mailing Address ☐ Check here if you want to use the same address as listed in the Contact Information in Section 2.

City	State	Zip	Email

Home phone #	Work phone # ext.	Other phone # (specify type)
	X	

Do you also want to authorize the Account Owner Survivor to receive limited information about your Account?* ☐ **Yes** ☐ **No**

(B) INFORMATION RELEASE - Can have more than one

Do you want to authorize another individual, other than the Account Owner or Student Beneficiary, to receive limited information about your Account?*

☐ **Yes**, complete this section ☐ **No**, skip to Part C.

First Name	Middle	Last	Suffix (Jr., etc.)

SSN/TIN **(Required)**	Gender Male ☐ Female ☐ X ☐	Date of Birth (MM/DD/YYYY) **(Required)**

Mailing Address ☐ Check here if you want to use the same address as listed in the Contact Information in Section 2.

City	State	Zip	Email

Home phone #	Work phone # ext.	Other phone # (specify type)
	X	

(C) LEGAL GUARDIAN

Is the Account Owner listed in Section 2 a minor (under 18 years of age)?

☐ **Yes**, you MUST complete this section ☐ **No**, skip to next section

First Name	Middle	Last	Suffix (Jr., etc.)

SSN/TIN **(Required)**	Gender Male ☐ Female ☐ X ☐	Date of Birth (MM/DD/YYYY) **(Required)**

Mailing Address ☐ Check here if you want to use the same address as listed in the Contact Information in Section 2.

City	State	Zip	Email

Home phone #	Work phone # ext.	Other phone # (specify type)
	X	

PLEASE NOTE: Once the minor Account Owner reaches the age of majority, the Guardian will be removed from the Account and we will request new contact/login information from the Account Owner.

*The Program cannot release personal information regarding the Account including the Account Owner's Login ID and password to the Information Release Person.

SECTION 10. DEMOGRAPHIC INFORMATION

Student Beneficiary's Relationship to Account Owner: ☐ Child ☐ Grandchild ☐ Self ☐ Other relative ☐ Not related/friend ☐ Decline to Answer

Account Owner's Race/Ethnicity: ☐ African American ☐ Native American or Alaskan Native ☐ Asian ☐ Caucasian ☐ Hispanic/Latino ☐ Native Hawaiian or other Pacific Islander ☐ Multiracial ☐ Other ☐ Decline to Answer

Annual Household Income: ☐ Less than $20,000 ☐ $20,000-$29,999 ☐ $30,000-$39,999 ☐ $40,000-$49,999 ☐ $50,000-$64,999 ☐ $65,000-$79,999 ☐ $80,000-$99,999 ☐ $100,000-$129,999 ☐ Over $130,000 ☐ Decline to Answer

Account Owner's Education (check highest grade completed): ☐ Some High School ☐ High School Graduate/GED ☐ Some College ☐ Associate Degree/Certificate ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctoral Degree ☐ Other ☐ Decline to Answer

Account Owner's Age Range: ☐ Under 18 Yrs ☐ 18-24 Yrs ☐ 25-34 Yrs ☐ 35-44 Yrs ☐ 45-54 Yrs ☐ 55-64 Yrs ☐ 65 Yrs or older ☐ Decline to Answer

SECTION 11. AUTOMATIC WITHDRAWAL AUTHORIZATION (ACH) – Optional (This can also be setup online)

Bank Account Holder:

First Name	Middle	Last	Suffix (Jr., etc.)

SSN/TIN **(Required)**	Gender:	Date of Birth (MM/DD/YYYY) **(Required)**

Mailing Address ☐ Check here if you want to use the same address as listed in the Contact Information in Section 2.

City	State	Zip	Email

Home phone #	Work phone #	ext.	Other phone #	(specify type)
		x		

Bank Account Type: ☐ Checking ☐ Savings

GET Account Type: ☐ Lump Sum

Automatic Withdrawal Amount $ _____ **(per month)**
(See amount you listed in Section 5)

Lump Sum Only –
Pull my payment on the _____of each month

REQUIRED: Please **TAPE** a ***checking*** **account voided check** or a ***savings*** **account deposit slip HERE.** (Please do NOT staple.)

Do **not** attach a deposit slip for checking account withdrawals. Please be aware that some financial institutions do not allow automatic withdrawal from savings accounts.

I hereby authorize the Guaranteed Education Tuition Program (GET) to initiate entries to my financial institution account indicated below and the financial institution indicated below to debit this same account. This authority remains in full force and effect until the GET office receives my written notification of its termination in such time and manner as to afford GET and the financial institution a reasonable opportunity to act on it. Revocation by notice to the financial institution is not sufficient. GET may cancel my ACH and notify me in writing of such cancellation. I understand that withdrawals for Custom Monthly Accounts occur automatically on the 15th day of each month or on the next business day if the 15th day falls on a weekend or holiday. Lump Sum withdrawals occur each month on the date I select above or on the next business day if my selected date falls on a weekend or holiday. If no date is specified for the Lump Sum withdrawal, the withdrawal will be scheduled to occur on the 15th day of the month. **In the event of unsuccessful debits, I understand that GET reserves the right to assess this GET Account a returned ACH fee of $25.00 per returned ACH withdrawal or the actual bank fee charged, whichever is greater. I understand that GET will process my ACH request upon receipt of my signed authorization. GET will notify me in writing of the first expected ACH withdrawal date. However, by signing this form, I acknowledge that GET may begin withdrawals even if I do not receive written notification prior to the first withdrawal date.**

By signing below, I acknowledge that I have read and agree to the above terms.

Signature of Bank Account Holder	
X	**Date**

Please submit form to:

Guaranteed Education Tuition
PO Box 84824
Seattle WA 98124-6124

GET is committed to increased efficiency and reduced costs by using email and online processes whenever possible.

Newborn Enrollment Form Summer 2020 Instructions

- ❑ PLEASE PRINT OR TYPE ALL INFORMATION except your signature.
- ❑ Use this form to open an account outside of the normal enrollment period for a newborn (between birth and 12 months).
- ❑ Carefully read the GET Enrollment Guide and Program Details Booklet before enrolling in GET. Copies are available at the program website at www.get.wa.gov. If you need additional information or assistance in completing this enrollment form, please contact us at GETInfo@wsac.wa.gov or call TOLL-FREE 1.800.955.2318, 8 a.m. to 5 p.m., PT, Monday through Friday (except state holidays).
- ❑ Complete a separate enrollment form for each Student Beneficiary you enroll in the program.
- ❑ Complete all applicable sections of the enrollment form, or your account set-up may be delayed.
- ❑ Sign and date your enrollment form.
- ❑ If you are enclosing a rollover payment from another 529 program, US Savings Bonds or a Coverdell Education Savings Account, enclose documentation (e.g., Account statement or other documentation) indicating the principal and earnings portion of the rollover amount. See the GET Master Agreement in the Program Details Booklet for further details.
- ❑ Pay the one-time $50 enrollment fee per Student Beneficiary at time of enrollment. A maximum of $100 per family is charged where all Accounts have the same Account Owner, and the Student Beneficiaries live at the same address (refunded, canceled and rolled over Accounts are not eligible). See specific instructions in Section 7 for more details. Note that you can enroll online during the open enrollment period to avoid this fee.
- ❑ Make checks payable to Guaranteed Education Tuition. You may write one check for both the enrollment fee and Lump Sum Units purchased.
- ❑ Submit form to: Guaranteed Education Tuition, PO Box 84824, Seattle WA 98124-6124

A copy of the Student Beneficiary's Birth Certificate must be enclosed with this Enrollment Form.

Important Payment Information:
Payments received after June 25 will purchase units after the new Unit Purchase Price is set in the fall.

SPECIFIC INSTRUCTIONS:

Section 1 – Account Owner

The Account Owner is the individual responsible for payment and is the only one who may make changes to the Account. If the Account Owner is an individual person, complete the "Individual Account Owner" section. ONLY ONE INDIVIDUAL CAN BE THE ACCOUNT OWNER. If the Account Owner is a trust, corporation, non-profit or other entity type, complete the "Other Account Owner Type" section. The Account Owner **or** the Student Beneficiary must be a resident of Washington State to enroll in the program.

Individual Account Owners
Select the correct option and follow the instructions on the enrollment form.

Other Account Owner Types
Enter the legal name of the existing trust* (exactly as shown on your trust documents), corporation, non-profit or other legal entity type to be listed as the Account Owner. Enter the entity's Federal Employer Identification Number (EIN) or Taxpayer Identification Number (TIN). GET is required to obtain this information for federal tax reporting purposes.

*A trust must be previously established before being named as the Account Owner. Trust documentation is required within 30 days of establishing this Account. If you are unable to provide the trust documentation in its entirety, we require the pages that include the following: Full legal name of the trust, the tax identification number of the trust, and legal names of all trustees and their notarized signatures. Only one Trustee will be allowed on the Account to make changes or gain login information. All other Trustees named in the documentation can be added to the Account as Information Release Persons.

Section 2 – Contact Information

For Individual Account Owners: Enter the legal name of the Account Owner (one person only). Enter the Account Owner's Social Security number. GET is required to obtain this information for tax reporting purposes. Enter the Account Owner's date of birth, gender, mailing address, phone number(s), and email. Due to our Account login process, the Account Owner's email is required. It must be unique to this Account Owner as it is a primary identifier in the user authentication process.

For Other Account Owner Types: Enter the name of the individual who is authorized to sign on behalf of the entity. In the case of an existing trust, the Trustee is usually the Authorized Representative. A copy of trust documents verifying the Authorized Representative must be provided. In the case of a non-profit organization or corporation, an officer of the entity is usually considered the Authorized Representative.

Section 3 – Student Beneficiary

If the Student Beneficiary already has an Account with GET where you are listed as the Account Owner, and you wish to purchase more Lump Sum Units, you do not need to complete an additional enrollment form. Simply note on your payment coupon that this is a Lump Sum Unit purchase and mail it with the payment to: GET, PO Box 84824, Seattle WA 98124-6124. Please contact us at GETInfo@wsac.wa.gov or 1.800.955.2318 for further guidance.

If the Account Owner is also the Student Beneficiary for the new Account, write "SAME AS ACCOUNT OWNER" in Section 3 and skip to Section 4. Otherwise, enter the Student Beneficiary's legal name. Enter the Student Beneficiary's Social Security number. Social Security number is required at enrollment. GET is required to obtain this information for tax reporting purposes. Enter the Student Beneficiary's birth date, gender, mailing address, email and phone number(s). Student Beneficiary must be under 12 months old. Postmark must be on or before Student Beneficiary's first birthday.

Section 4 – Projected Benefit Use Year

Enter the academic year you expect the Student Beneficiary to enter college. See Chart A below.

CHART A – Student Beneficiary's Projected Benefit Use Year

Student Beneficiary Age	Projected Benefit Use Year
Born after August 31, 2019	Fall 2038
Born between September 1, 2018 and August 31, 2019	Fall 2037

Washington law requires a two-year wait before benefits may be used.

Section 5 – Plan Selection

The GET Program offers two types of plans: The Lump Sum Plan and the Custom Monthly Plan. Can't decide? Save through both plans (Custom Monthly Plan is not available outside of the standard enrollment period).

If you are selecting the Lump Sum Plan, check the appropriate box and provide the total amount you are enclosing with the enrollment form for these Units. You must purchase at least one Unit in addition to paying the application fee. ***Note:*** *we do not accept credit/debit cards for Unit purchases*.

If you are interested in opening a Custom Monthly Plan, you may do so by opening a new account during the next enrollment period (no fees for online enrollment).

CHART B – Lump Sum and Custom Monthly Plan Comparisons

Lump Sum and Custom Monthly Plan Comparisons	Lump Sum Plan	Custom Monthly Plan (only available Nov 1 – May 31)
What is the minimum Unit purchase?	You must buy one Unit within 90 days of opening the Account. After making the minimum purchase, you may buy Units in any increment including fractional Units.	Sold in increments of 50 Units.
What is the maximum number of Units that I can purchase?	You may buy up to 800 Units for each Student Beneficiary. Although a Student Beneficiary may have more than one Account, the total combined Units cannot exceed the 800 Unit lifetime maximum per Student Beneficiary.	You may buy up to 800 Units for each Student Beneficiary. Although a Student Beneficiary may have more than one Account, the total combined Units cannot exceed the 800 Unit lifetime maximum per Student Beneficiary.
Is there a difference in the price of the Units?	The 2019-20 Unit Purchase Price was $121. The Unit Purchase Price is set annually and may also be adjusted once during the year. You pay whatever the current Unit Purchase Price is at the time we RECEIVE your payment. All payments to purchase Lump Sum Units at the $121 Unit Purchase Price must be **received** by June 25th.	The Unit Purchase Price was fixed at $121 for the 2019-20 enrollment period and a 5.5% finance charge, and a small interest adjustment are included in your monthly payment. Your set monthly payment will not increase, even when Unit Purchase Prices increase.
When can the Student Beneficiary begin using the Units?	• Account owner must hold each Unit from the time of purchase for a minimum of two years. You may need several years before the Unit Payout Value exceeds the Unit Purchase Price. • The Student Beneficiary must be enrolled in an eligible institution of higher education. • The Student Beneficiary must reach the Benefit Use Year. You can contact us if you need to change this year.	• The contract must be paid in full. • The Account must be open for at least two years (with the 5.5% finance charge, you may need several years before the Account payout value exceeds your contributions). • The Student Beneficiary must be enrolled in an eligible institution of higher education. • The Student Beneficiary must reach the Benefit Use Year. You can contact us if you need to change this year.
Can other people make contributions/gifts?	Anyone can make contributions to the Account as long as the Student Beneficiary does not exceed the 800 Unit maximum.	Anyone can make contributions to the Account as long as the Student Beneficiary does not exceed the 800 Unit maximum. A giftor can specify whether the contribution is to be applied to the set monthly payment or to purchase Lump Sum Units at the Unit Purchase Price in effect at time the payment is received.
Do I have a payment due date?	No. You contribute at any time based on the Unit Purchase Price in effect at the time the payment is received. You can set up monthly payments that buy units at the price in effect at the time of payment.	Yes. Payments are due the 15th day of the month. A $10.00 late fee will be posted to your Account if we do not receive the payment within ten days of the due date.

Section 6 – Payment Options

The GET Program offers a variety of payment options including: automatic monthly bank withdrawals, payroll deduction, mailed paper check, and customer-directed bank transfers through our secure website. For more details about these options, please refer to our 2019-2020 Enrollment Guide. If you choose to send your payments by mail, you can request that we send you a coupon book for future payments. If you want to initiate any of other payment options, please check the appropriate boxes and submit the information required. ***Note:*** *We do not accept cash or credit/debit card payments*.

Section 7 – Enrollment Fee - (This fee is waived if you enroll online)

The GET Program charges a one-time non-refundable $50 enrollment fee per Student Beneficiary when you enroll using the paper form. If you are paying the enrollment fee by check or money order, check box A. **The enrollment fee is due at the time of enrollment.** You may qualify for an enrollment fee waiver if you meet the following criteria:

1. Are you the designated Account Owner for more than two active Accounts (not canceled, refunded, or rolled out) for Student Beneficiaries living at the same address? ☐ Yes ☐ No

2. Have you paid the maximum $100 in enrollment fees on the Accounts in Question 1? ☐ Yes ☐ No

If you answered yes to both of these questions, you may qualify for an enrollment fee waiver. Check box B and provide the GET Account number (or SSN if you are opening the other Accounts today and do not have an Account number yet) and Student Beneficiary name for the Accounts where the $50 enrollment fee has been paid. The enrollment fee waiver is subject to final approval by the GET Program.

Section 8 – Signature

The Individual Account Owner must sign the enrollment form. If the Account Owner is a minor (under the age of 18), the Legal Guardian must sign the form and complete Section 9, Part C.

For Other Account Owner Types, the individual authorized to sign on behalf of the entity must sign the form. In the case of a trust, the trustee is usually the Authorized Representative. In the case of a non-profit organization or corporation, an officer of the entity is usually considered the Authorized Representative.

Section 9 – Other Persons ***(Please Note: Only the Account Owner can make changes to the Account.)***

Part A – Use this section to name an Account Owner Survivor for this Account. The Account Owner Survivor will become the owner of the Account upon the Account Owner's death. All rights and obligations of this agreement transfer to this Account Owner Survivor. If the listed Account Owner Survivor is also deceased or incapacitated the account will transfer to the Account Owner's estate. The Personal Representative or Executor of the estate will have full control of the account. Estate documents will be required listing a Personal Representative or Executor. ***Note:*** *If you want to authorize GET to release limited information to the Account Owner Survivor, check the box and they will be included as an Information Release. Contact the GET Program office for more information.*

Part B – You may authorize GET to release information regarding your Account to another person(s) such as a spouse, grandparent or guardian. If you wish to authorize someone (in addition to the Account Owner) to receive limited inquires on this Account, complete Part B. Please note that the program will only provide the login ID and PIN for online Account access to the Account Owner.

Part C – **Only complete this section if the Account Owner identified in Section 2 is less than 18 years old**. A Legal Guardian must be designated when the Account Owner is a minor. Please note that once the minor Account Owner reaches the age of 18, the Guardian will be removed from the Account and new contact/login information will be requested from the Account Owner.

Section 10 – Demographic Information

This information is optional. However, it does give the GET Program a better understanding of GET customers, which helps when considering upgrades and improvements to the program. Demographic information is reported at the aggregate level; GET never shares individual Account demographic or contact information with any other entity.

Section 11 – Automatic Withdrawal Authorization – (Optional)

If you checked box A in Section 6, please complete this section. Completing this section authorizes GET to automatically withdraw money from your bank or credit union account and deposit it directly into your GET Account. Payments are deducted on the 15th day of each month or the following business day for Custom Monthly Plans, or on a date you select for Lump Sum Plans. You can opt to purchase Lump Sum Units in this manner. Please provide information for the bank account holder. This person may be different than the person listed as the Account Owner on the Account but you must include the bank account holder's authorizing signature.