CHET Advisor



Account Features Form

CHET Advisor

P.O. Box 2800

Enfield, CT 06083-2800

CHET Advisor is administered by the Treasurer of the State of Connecticut as the Trustee of the Connecticut Higher Education Trust Program, and Hartford Funds Management Company, LLC serves as Plan manager.

• Complete this form to add, change, or delete important account features. Please refer to **Section 2** for more details.

Return this form and any other required documents to:

• Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below, or return by fax at **1.877.486.9267**. Do not staple.

Fillable forms can be downloaded from our website at **www.chetadvisor.com**, or you can call us to order any form—or request assistance in completing this form—at **1.877.407.2828**, Monday—Thursday 8 a.m. to 7 p.m. Eastern time and Friday 8 a.m. to 6 p.m. Eastern time.

CHET Advisor

95 Wells Ave., Suite 155

Newton, MA 02459-3204

For overnight delivery or registered mail, send to:

Cu	rrent Account Owner information
$\overline{\Box}$	
Acc	ount Number(s) (To list more than 3 Accounts, use a separate sheet).
Nar	ne of Account Owner <i>(first, middle initial, last)</i>
Tele	phone Number (In case we have a question about your Account).
Fe	atures to add, update, or delete (Check all that apply).
	Automatic Investment Program—Section 3
	Bank information — Section 4
L	Interested party information — Section 5
	Reduced sales charge — Section 6
	Systematic Exchange Program—Section 7
	Systematic Withdrawal Program — Section 8

3. Automatic Investment Program (AIP)

- Complete this section to add, change, or delete an automatic investment from your bank account, or to add, change, or delete contributions by electronic transfer from a bank.
- You can add, change, or delete an Automatic Investment Program (AIP) by accessing your Account online at **www.chetadvisor.com.**
- Account Owners, family members, and friends can all contribute to a CHET Advisor Account through AIP. To add additional AIP
 instructions or multiple bank accounts, complete and include Section 3 and 4 for each.
- Your minimum initial contribution must be at least; \$50 by check: \$25 per month by Automatic Investment Program (AIP) or per pay period through Payroll Direct Deposit.
- Contributions by AIP will be unavailable for distribution for 10 business days.

an transfer money from your bank account to your CHET Advisor Account on a set schedule. hat apply).
Add this option to my Account. (Provide the information below and in Section 4).
Change my investment amount, frequency, and/or debit date. (<i>Provide the new amount and/or debit date below</i>). Note: If you wish to skip a scheduled AIP, please call 1.877.407.2828.
Change my bank account information. (Provide the information in Section 4) .
Delete this option.
nount of Debit: \$,0 0
equency (Check one): Quarterly Semi-Annual Annual
prt Date:* Date (mm/dd/yyyy)
e Plan must receive instructions at least 3 business days prior to the indicated start date; otherwise, debits from your not account will begin the following month on the day specified. The start date must fall between the 1st and the 28th of the nth. If the date is not specified, this option will begin the month following the receipt of this request, on the 10th day of the nth. Please review your quarterly statements for details of these transactions.
Annual Increase. You may increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated. A confirmation of this increase will be sent to you a month before it is scheduled for implementation.
Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market.
Amount of increase: \$,0 0 Month:**
Date (mm/dd/yyyy) Plan must receive instructions at least 3 business days prior to the indicated start date; otherwise, debits from your not account will begin the following month on the day specified. The start date must fall between the 1st and the 28th of the 1st not specified, this option will begin the month following the receipt of this request, on the 10th day of the 1st not. Please review your quarterly statements for details of these transactions. Annual Increase. You may increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated. A confirmation of this increase will be sent the your a month before it is scheduled for implementation. Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market. Amount of increase: \$

** The month in which your AIP contribution will be increased. The first increase will occur at the first instance of the month selected. Annual AIP increases are subject to the general contribution limits of the CHET Advisor Plan and will also count toward annual federal gift tax exclusion limits.

Note: UGMA/UTMA contributions will not be accepted into this Account. An additional account may be set up for this purpose.

4.

Bank information. Complete this changing your bank account inform		EFT option to your account, or if you are
Add a new bank account	Change an existing bank account	Delete an existing bank account
	aring House (ACH) network. Money marke	bank, savings and loan association, or credit union t mutual funds and cash management accounts offered
		ransfer \$25 or more from your bank account to your er on-line. The maximum contribution for a one time
in transfers to or from a financial institutio	on outside of the Unites States. You also un	tomated Clearing House ("ACH") Network will not result derstand it is your responsibility to notify The Hartford ancial institution outside of the United States.
Account Type (Check One): Checking	Savings	
Bank Name		
Dank Ivallie		
Bank Routing Number	Bank Account Number	
If applicable, authorization from a joint ha	ank account owner is required to add bank	instructions on the account
Bank Account Owner's Name (first, middle initial, la	ast)	
SIGNATURE		
Signature of Bank Account Owner		Date (mm/dd/yyyy)
Joint Bank Account Owner's Name (first, middle ini	itial, last)	
SIGNATURE		
Signature of Joint Bank Account Owner		Date (mm/dd/vyvy)

PLEASE TAPE A COPY OF YOUR VOIDED CHECK HERE, OR ATTACH BANK VERIFICATION LETTER FOR SAVINGS ACCOUNT. STARTER CHECKS ARE NOT ACCEPTABLE

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number. UGMA/UTMA contributions will not be accepted into this Account. An additional account may be set up for this purpose.

5. Interested party information

	are replacing or c	changing interest	ted party informati	on on your Accou	nt.		
A.	Check one:	Add	Replace int	erested party	Change	current information	Delete
	Name (first, middle in	nitial, last)					
	Address						
	City				State	Zip Code	
	Telephone Number		-				
	Relationship to Compliance		er: nvestment Advisor	P	arent/Guardian	Other	
В.	Check one:	Add	Replace int	erested party	Change	current information	Delete
	Name (first, middle in	initial, last)					
	Address						
	City				State	Zip Code	
	Telephone Number						
	Relationship to	Account Own	er:				
	Compliance	ı Ir	nvestment Advisor	Р	arent/Guardian	Other	

• Complete this section if you want additional persons as an interested party to receive quarterly statements on the Account or if you

more information.

Registered Investment Advisor

6. Reduced Class A Shares sales charge and Class E Shares eligibility

Select all that apply.						
A. Rights of Accumulation (ROA). To qualify for sales discounts on Class A Shares, list below the account numbers of other CHET Advisor plans and/or all classes of shares of The Hartford Mutual Fund accounts that you or your family (spouse and dependent children) already own. If needed, include a separate sheet of paper with additional accounts.						
Fund Name						
Account Number Social Security Number or Taxpayer Identification Number (Required)						
Fund Name						
Account Number Social Security Number or Taxpayer Identification Number (<i>Required</i>)						
B. Letter of Intent. I intend to buy more Class A Shares and understand that I can reduce my sales charges through accumulated investments (including investments in The Hartford Mutual Funds). I plan to invest over a 13-month period following the date of this application an aggregate amount of at least:						
\$250,000 \$500,000 \$1,000,000						
C. Qualify for Class E Shares Eligibility. This Account qualifies for Class E Share purchases as described in the Disclosure Booklet. Please indicate the qualification for Class E Share purchases:						
Employee Affiliation – explain:						

• You must complete this section to qualify for a sales charge reduction on Class A Shares. Please see the Disclosure Booklet for

7. Systematic Exchange Program (Optional)

- Complete this section if you want to systematically move a fixed-dollar amount between the same registered accounts on a regular basis.
- By selecting this feature, you authorize CHET Advisor to exchange money automatically from one Investment Option to another either monthly or quarterly. The minimum exchange amount is \$50.

Note: If the Systematic Exchange Program is established at the time the new Account is opened or instituted for new contributions to an existing Account, it will not count as one of your allowable investment strategy changes per calendar year, as outlined in the Disclosure Booklet. However, if you make any changes to your Systematic Exchange Program selections, that will count as one of your allowable investment strategy changes per calendar year.

Frequency (Check one	e): Quarterly*	
*Based upon established	d date, not calendar quarter.	
Start Date:**	Date (mm/dd/yyyy)	
the 28th of the month.	instructions at least 3 business days prior to the indicated If the date is not specified, this option will begin the mont ew your quarterly statements for details of these transact	th following the receipt of this request, on the 10th day of
I authorize CHET Adv	isor to exchange from the following Investment Opti	on(s)
		\$
Investment Option		Amount**
		\$, 0 0
Investment Option		Amount**
		\$, 0 0
Investment Option		Amount**
To the following Inve	estment Option(s)	
		\$
Investment Option		Amount**
		\$, 0 0
Investment Option		Amount**
		\$
Investment Option		Amount**

^{**}Please specify only dollar amounts, not percentages.

Systematic Withdrawal Program

- Complete this section to establish periodic withdrawals for your CHET Advisor Account.
- Systematic Withdrawal Programs (SWPs) can be established for qualified distributions only. We are required to file IRS Form 1099-Q
 annually for distributions taken from your CHET Advisor Account. You can have up to two SWPs on your account.
- If the balance on the Investment Option is less than the SWP amount specified, the SWP instructions will be stopped.
- Deferred sales charge may apply to some distributions as described in the Disclosure Booklet.

Important: Your distribution will be held if a contribution is not on deposit for 10 business days, or 30 business days if the address to which you have requested the distribution to be sent has changed. The distribution will be released when the specified waiting period has been satisfied.

Frequency (Check one):							
7 (0.000)	Monthly	Quarterly	Ser	ni-Annual		Annual	
Start Date:*							
End Date (Optional):	Date (mm/dd/yyyy)						
Must be at least 3 business. The withdrawal date may on holiday, it will be processed	on the following busine	of a given month the ess day.	rough day 28	of that mont			
I authorize CHET Advisor	to withdraw from the	e following Inves	stment Optio		s,_		. 0 (
Investment Option					Amount	t**	
					\$,_		. 0 (
Investment Option					Amount	t**	0 (
Investment Option					^ Amount		
P Recipient.							
Account Owner (Addres							
	on File						
Account Owner's Bank o	on File (Address on record).	ldress below).					
Account Owner's Bank of Designated Beneficiary	on File (Address on record). rsity (Provide school ad						
Account Owner's Bank of Designated Beneficiary Eligible college or university Name of School (Complete only if to the college)	on File (Address on record). rsity (Provide school address) the distribution is to be sent of the distribution is to be sent of the distribution.						
Account Owner's Bank of Designated Beneficiary Eligible college or univer	on File (Address on record). rsity (Provide school address) the distribution is to be sent of the distribution is to be sent of the distribution.						
Account Owner's Bank of Designated Beneficiary Eligible college or universely. Name of School (Complete only if to the college)	on File (Address on record). rsity (Provide school address) the distribution is to be sent of the distribution is to be sent of the distribution.						
Account Owner's Bank of Designated Beneficiary Eligible college or universely. Name of School (Complete only if to Department/Office/Contact Name)	on File (Address on record). rsity (Provide school address) the distribution is to be sent of the distribution is to be sent of the distribution.						

9. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all terms and conditions of the Disclosure Booklet and understand the rules and regulations governing distributions from my CHET Advisor Account. I also certify that the information provided on this form is accurate and hereby instruct CHET Advisor to distribute my Account as I have indicated.

SIGNATURE	
Signature of Account Owner	Date (mm/dd/yyyy)