

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.

AIP. You can transfer money from your bank account to your CHET Advisor Account on a set schedule.

(Check all that apply).

- Add this option to my Account. (Provide the information below and in **Section 4**).
- Change my investment amount, frequency, and/or debit date. (Provide the new amount and/or debit date below).
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.

Amount of Debit: \$.

Frequency (Check one): Monthly Quarterly Semi-Annual Annual

Start Date:* - -
Date (mm/dd/yyyy)

* The Plan must receive instructions at least 3 business days prior to the indicated start date; otherwise, debits from your bank account will begin the following month on the day specified. The start date must fall between the 1st and the 28th of the month. If the date is not specified, this option will begin the month following the receipt of this request, on the 10th day of the month. 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: \$.

Month:**

** 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 section if you are adding an AIP or EFT option to your account, or if you are changing your bank account information.

Add a new bank account Change an existing bank account Delete an existing bank account

- AIP, SWP and EFT transactions can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.
- We will keep your bank instructions on file for future EFT contributions. You can transfer \$25 or more from your bank account to your CHET Advisor Account at any time, simply by calling us, or by requesting a transfer on-line. The maximum contribution for a one time EFT is \$130,000.

Important: By signing this paperwork, you agree and confirm that your use of the Automated Clearing House (“ACH”) Network will not result in transfers to or from a financial institution outside of the United States. You also understand it is your responsibility to notify The Hartford if any changes to your status occur that may require funds to be sent to or from a financial institution outside of the United States.

Account Type (Check One): Checking Savings

Bank Name

Bank Routing Number

Bank Account Number

If applicable, authorization from a joint bank account owner is required to add bank instructions on the account.

Bank Account Owner's Name (first, middle initial, last)

SIGNATURE

Signature of Bank Account Owner

Date (mm/dd/yyyy)

Joint Bank Account Owner's Name (first, middle initial, last)

SIGNATURE

Signature of Joint Bank Account Owner

Date (mm/dd/yyyy)

**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.

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): Monthly Quarterly*

*Based upon established date, not calendar quarter.

Start Date:** — —
Date (mm/dd/yyyy)

**The Plan must receive instructions at least 3 business days prior to the indicated start date. The start date must fall between the 1st and the 28th of the month. If the date is not specified, this option will begin the month following the receipt of this request, on the 10th day of the month. Please review your quarterly statements for details of these transactions.

I authorize CHET Advisor to exchange from the following Investment Option(s)

<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Amount**
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Amount**
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Amount**

To the following Investment Option(s)

<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Amount**
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Amount**
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Amount**

**Please specify only dollar amounts, not percentages.

8. 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.

A. Activate the SWP for your CHET Advisor Account.

Frequency (Check one): Monthly Quarterly Semi-Annual Annual

Start Date:* — —
Date (mm/dd/yyyy)

End Date (Optional): — —
Date (mm/dd/yyyy)

*Must be at least 3 business days from now. This is the date that your assets will be withdrawn from your CHET Advisor Account. The withdrawal date may occur from the first day of a given month through day 28 of that month. If the date falls on a weekend or holiday, it will be processed on the following business day.

I authorize CHET Advisor to withdraw from the following Investment Option(s)

<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Amount**
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Amount**
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Amount**

**Please specify only dollar amounts, not percentages.

B. SWP Recipient.

- Account Owner (Address on record).
- Account Owner's Bank on File
- Designated Beneficiary (Address on record).
- Eligible college or university (Provide school address below).

Name of School (Complete only if the distribution is to be sent directly to the school).

Department/Office/Contact Name

Student ID

Mailing Address

State —
City Zip Code

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)