CHET Advisor

# Account Information Change Form

**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.**

AN ADVISOR-SOLD PLAN MANAGED BY THE HARTFORD

529 College Savings Program Connecticut Higher Education Trust

- Any of the following can be changed online by logging into your account or by completing this form: your address, telephone number, email address, or Successor Account Owner.
- If you are changing your name, your former signature and your new signature must be Notarized in **Section 6** by a Notary Public or provide certified copies of the appropriate legal documents.
- If you are changing the Account Owner of an existing Account, your signature must be Notarized in **Section 6** by a Notary Public and the new Account Owner must include an **Account Application.**
- 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.

| Return this form and any other required documents to: | For overnight delivery or registered mail, send to: |
|---|---|
| **CHET Advisor**<br>**P.O. Box 2800**<br>**Enfield, CT 06083-2800** | **CHET Advisor**<br>**95 Wells Ave., Suite 155**<br>**Newton, MA 02459-3204** |

## 1. Current Account Owner information

☐☐☐☐☐☐☐☐☐ – ☐☐

☐☐☐☐☐☐☐☐☐ – ☐☐

☐☐☐☐☐☐☐☐☐ – ☐☐

Account Number(s) *(To list more than three Accounts, use a separate sheet.)*

Name of Account Owner *(first, middle initial, last)*

☐☐☐ – ☐☐☐ – ☐☐☐☐

Telephone Number *(In case we have a question about your Account.)*

*CHET ADVISOR INFO CHANGE*

## 2. Updated Account Owner information

- If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your account with CHET Advisor.
- If you are changing your name, you must also provide a Notarized Signature in **Section 6**, or provide a certified copy of the appropriate legal documents.
- **Important:** If you are changing your mailing address, there will be a nine (9) business day hold put on your account before you can request a distribution of funds to be sent to the new address. If you want the funds released prior to the waiting period, a Notarized Signature is required at the time of distribution.

Name of Account Owner *(first, middle initial, last)*

— —

Telephone Number

Email Address

Permanent Street Address *(A P.O. Box is **not** acceptable.)*

—

City State Zip Code

Account Mailing Address if different from above *(This address will be used as the Account's address of record and for all Account mailings.)*

—

City State Zip Code

## 3. Transfer assets to new Account Owner

**Check one.**

- This will transfer ownership of all of the assets in the referenced Account to the new Account Owner listed below.
- The new Account Owner will control the Account and the disposition of all assets held in the Account.

☐ The new Account Owner does not have an existing Account and has included an **Account Application**.

☐ The new Account Owner has an existing Account.

—

Account Number *(If applicable)*

Name of New Account Owner *(first, middle initial, last)*

— — — —

Social Security Number or Taxpayer Identification Number ***(Required)*** Birth Date/Trust Date *(mm/dd/yyyy)*

## 4. Successor Account Owner information *(Optional, but recommended.)*

- If you choose to complete **Section 4**, you are required to provide full legal name and date of birth.
- The Successor Account Owner will take control of the Account in the event of the Account Owner's death or disability. The Successor Account Owner has no rights in regard to the Account and cannot direct any changes, conversions, transfers, or cancellations, except in the event of the death or disability of the Account Owner.
- You may revoke or change the Successor Account Owner at any time. See the CHET Advisor Disclosure Booklet for more information.
- The Successor Account Owner **must be at least 18 years old, or a corporation, partnership, trust, or other entity.**

**Check one.**

☐ Add ☐ Change ☐ Delete

Legal Name *(First name)* *(m.i.)*

Legal Name *(Last name)*

If the Account Owner is a Business Entity/Trust

**Gender** *(Check one.)*: ☐ Male ☐ Female

**Relationship to Account Owner** *(Check one.)*: ☐ Spouse ☐ Parent ☐ Other

Social Security Number or Taxpayer Identification Number

Birth Date/Trust Date *(mm/dd/yyyy)*

Telephone Number

Address

City State Zip Code

## 5. Signature — YOU MUST SIGN BELOW *(However, if you are changing your name or transferring ownership of your Account(s) to a new Account Owner, skip this section and complete **Section 6** instead.)*

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Disclosure Booklet.

SIGNATURE
Signature of Account Owner

Date *(mm/dd/yyyy)*

## 6. Signature and notarization — YOU MUST SIGN BELOW

I authorize the above named person to access information on the accounts listed. I agree to indemnify and hold harmless the Connecticut Higher Education Trust Program Board of Trustees or a designated agent, Hartford Funds Management Company, LLC and its affiliates and subsidiaries for any loss, liability or expense incurred from acting on these instructions.

I understand that I may receive financial statements from the registered investment professional and CHET Advisor covering the same account transactions. CHET Advisor has no responsibility for the content of financial statements prepared by third parties.

I certify that the information provided on this form is true and complete in all respects. This authorization shall remain in full effect until CHET Advisor receives notice of my revocation in writing.

SIGNATURE
Signature of Account Owner

Date *(mm/dd/yyyy)*

**Your signature must be notarized. See below.**

STATE OF ______________________ )

)ss.:

COUNTY OF ______________________ )

This document was acknowledged before me on ____________ (date) by ______________________________ *(name of Account Owner)*, who certifies the correctness of the signature of the Account Owner.

SIGNATURE
Signature of Notary

Date *(mm/dd/yyyy)*

Name of Notary *(first, middle initial, last)*

My commission expires:

Date *(mm/dd/yyyy)*

**Notary to place seal here**

Applies to signature in **Section 5**.

Clear all fields

HARTFORDFUNDS