

Account Owner information (Continued)

SSN or TIN (Required)

Birth Date/Trust Date (Required)

Trustee SSN or TIN (Required, if applicable)

Trustee Date of Birth (Required, if applicable)

Citizenship (Please provide country of citizenship, if you are a resident alien)

Role (Check one): Owner Authorized Signer Both Owner and Authorized Signer

Percentage of ownership

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

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

Gender (Check one): Male Female

Relationship to Designated Beneficiary (Check one): Parent Grandparent Other

3. Designated Beneficiary information (The person whose qualified higher education expenses may be paid from the Account)

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

Legal Name (Last name)

SSN or TIN (Required)

Birth Date (Required)

Citizenship (Please provide country of citizenship, if Designated Beneficiary is a resident alien)

Check if Designated Beneficiary's address is the same as Account Owner, otherwise complete the following:

Address

City State Zip Code

Gender (Check one): Male Female

Relationship to Account Owner (Check one): Child Grandchild Other

7. CHET Advisor Investment Option selection

- Before choosing your Investment Option(s), see the Disclosure Booklet (*also available at www.chetadvisor.com*) for complete information about the investments offered.
- The investment allocations selected here will be used for future contributions unless new instructions are provided.
- You must allocate at least **1%** of your contributions to each Investment Option that you choose. Use whole percentages only.
- Your investment percentages must total **100%**.
- Contributions to Class C Shares that have been in an Account for at least four years, together with any earnings associated with those contributions, automatically transfer to the Class A fee structure within approximately a month of the four year anniversary of the Account holding such shares.

Age-Based Portfolio:

The asset allocation of money invested in the Age-Based Portfolio is automatically adjusted over time to become more conservative as the Designated Beneficiary approaches college. The CHET Advisor Age-Based Portfolio consists of the following Options: 0-3, 4-6, 7-9, 10-11, 12-13, 14-15, 16, 17, and 18+.

	Class A Shares	Class C Shares	Class E Shares*
CHET Advisor Age-Based Portfolio	□ □ □ %	□ □ □ %	□ □ □ %

Static Portfolios:

The assets will remain in the portfolio(s) you select until you exchange them into a new Investment Option.

CHET Advisor Aggressive Growth Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
CHET Advisor Growth Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
CHET Advisor Balanced Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
CHET Advisor Conservative Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
CHET Advisor Checks and Balances Portfolio	□ □ □ %	□ □ □ %	□ □ □ %

Individual Portfolios:

The assets will remain in the portfolio(s) you select until you exchange them into a new Investment Option.

Hartford SmallCap Growth 529 Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
Hartford International Opportunities 529 Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
Hartford Growth Opportunities 529 Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
Hartford Core Equity 529 Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
Hartford MidCap 529 Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
Hartford Dividend and Growth 529 Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
Hartford Equity Income 529 Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
Hartford Balanced Income 529 Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
Hartford Inflation Plus 529 Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
Hartford Total Return Bond 529 Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
Hartford World Bond 529 Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
CHET Advisor Stable Value 529 Portfolio	□ □ □ %	□ □ □ %	□ □ □ %
	1 0 0 %	1 0 0 %	1 0 0 %

*E Shares: Restricted to employees of The Hartford, Affiliated Individuals, and authorized Registered Investment Advisors.

8. Contribution Method

- Your minimum initial contribution must be at least: \$50 by check; \$25 through Electronic Fund Transfer (EFT); \$25 per month by Automatic Investment Program (AIP); or \$25 per pay period through Payroll Direct Deposit.
- Contributions by any source (*except Payroll Direct Deposit*) will not be available for withdrawal for 10 business days.

Source of funds (*Check all that apply*).

A. **Personal check.**

Important: All checks must be payable to **CHET Advisor**.

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Amount (\$50.00 minimum)

B. **Rollover from another 529 plan, Education Savings Account (ESA), or qualified savings bond to the CHET Advisor Plan.**

By law, rollovers between 529 plans with the same Designated Beneficiary are permitted only once every 12 months. Complete and include an **Incoming Rollover/Transfer Form**, available online at www.chetadvisor.com or by calling **1.877.407.2828**.

C. **Payroll Direct Deposit.** If you want to make contributions to your CHET Advisor Plan Account directly as a Payroll Direct Deposit, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to your CHET Advisor Account until you have received a **Payroll Direct Deposit Confirmation Form** from CHET Advisor Plan, provided your signature and Social Security number or Taxpayer Identification number on the Form, and submitted the Form to your employer's payroll office or entered it into your employers payroll portal. The amount you indicate below will be in addition to Payroll Direct Deposits that you may have previously established for other CHET Advisor Accounts.

Amount of Payroll Direct Deposit each pay period (*\$25 minimum*):

\$,.**00**

D. **Electronic Fund Transfer (EFT).** Through EFT, you can make a contribution of at least \$25 whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set this up, you must provide bank information in **Section 9**. The maximum contribution through a one-time EFT is \$130,000. (*The amount below will be a one-time EFT contribution to open your Account*).

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Amount (\$25.00 minimum)

9. Bank Information

Required to establish the EFT or AIP service.

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.

Bank Name

Account Type:
(Check One)

Checking

Savings

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 of Bank Account Owner

Date *(mm/dd/yyyy)*

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

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

10. Systematic Exchange Program *(Optional)*

- 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 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)

**CHET Advisor 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 the CHET Advisor to exchange from the following Investment Option(s) *selected in Section 7).*

	\$.00	00
Investment Option		Amount†					
	\$.00	00
Investment Option		Amount†					
	\$.00	00
Investment Option		Amount†					

To the following Investment Option(s)

	\$.00	00
Investment Option		Amount†					
	\$.00	00
Investment Option		Amount†					
	\$.00	00
Investment Option		Amount†					

†Please specify only dollar amounts, not percentages.

11. ACCOUNT CERTIFICATION AND AUTHORIZATION

- Investments in CHET Advisor are not mutual funds, or deposits or obligations of, or guaranteed or endorsed by the State of Connecticut, The Connecticut Higher Education Trust, Hartford Funds Management Company, LLC or its affiliates, or any other financial institution. They are not insured by the Federal Deposit Insurance Corporation (FDIC), the Federal Reserve Board, or any other agency. They involve risk, including the possible loss of principal.
- I understand that CHET Advisor and/or the CHET Advisor's Plan manager may change in accordance with the terms of the Disclosure Booklet.
- If I have completed **Section 9**, I authorize The Connecticut Higher Education Trust, or its designated agent, Hartford Funds Management Company, LLC and its affiliated companies or its designees ("the Plan"), to initiate credit/debit entries to my bank account (*and to initiate, if necessary, debit/credit entries and adjustments for credit/debit entries made in error*) and I agree to provide the necessary information to allow the Plan to initiate such entries, and authorize my depository institution (the "Depository") to credit and/or debit such amounts to my bank account. I understand that my authorization shall remain in full force and effect until the Plan receives written notice from me terminating my authorization, provided that my notice is provided to the Plan in such time and manner as to afford the Plan a reasonable opportunity to act on it. Any such notice must be sent to the Plan at the following address: **CHET Advisor, P.O. Box 2800, Enfield, CT 06083-2800**. I agree to indemnify and hold harmless the Plan and my Depository for any loss, liability, or expense incurred from acting on these instructions.
- I understand that if I submit a check to the Plan that I am authorizing the Plan to use the information on my check to create an electronic debit to my account for the amount of my check. (*The electronic debit transaction is called an automated clearing house or ACH transaction*). In this regard, the Plan may initiate credit/debit entries to my account (*as well as adjustments for credit/debit entries made in error*). The information needed to initiate such entries may include the routing number, account number, and check serial number obtained from the Magnetic Ink Character Recognition ("MICR") line of my check (*the line of numbers and characters printed across the bottom of the check*), the dollar amount of the check, and the identity of my Depository (*whose name will be obtained from the check*). I understand that if this method of collecting funds is used, the electronic debit may be posted to my bank account as early as the day after it has been received by the Plan. I also understand that, if this method of collecting funds is used, my check will not be returned to me, but that an image of the check will remain on file with the Plan for a period of two (2) years, and that the Plan may charge me a nominal fee for photocopies of such check images.

ACCOUNT CERTIFICATION AND AUTHORIZATION (Continued) — YOU MUST SIGN BELOW

W-9 Certification - Under penalty of perjury, I certify that:

- 1. The number shown on this form is my correct Taxpayer Identification number, and
- 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. person (*including a U.S. resident alien*). If you are a resident alien, please indicate country of citizenship in **Section 2**.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

BY SIGNING BELOW, YOU ARE AGREEING TO THE TERMS OF THE DISCLOSURE BOOKLET, THE PARTICIPATION AGREEMENT, AND THE TERMS OF THIS APPLICATION. YOU SHOULD CONSULT A FINANCIAL OR LEGAL ADVISOR IF YOU HAVE ANY QUESTIONS ABOUT THE TERMS AND CONDITIONS OF THIS AGREEMENT.

MY SIGNATURE BELOW INDICATES I HAVE READ THE DISCLOSURE BOOKLET AND PARTICIPATION AGREEMENT FOR CHET ADVISOR AND AGREE TO THE TERMS. THIS APPLICATION, TOGETHER WITH THE DISCLOSURE BOOKLET AND THE PARTICIPATION AGREEMENT, CONSTITUTES MY CONTRACT WITH THE CONNECTICUT HIGHER EDUCATION TRUST (AND ITS DESIGNEES) WITH RESPECT TO AMOUNTS INVESTED PURSUANT TO THIS APPLICATION.

I UNDERSTAND THAT CONTRIBUTIONS TO THIS ACCOUNT ARE SUBJECT TO INVESTMENT RISK AND ARE NOT FDIC INSURED NOR GUARANTEED BY A DEPOSITORY INSTITUTION. I FURTHER UNDERSTAND THAT THE STATE OF CONNECTICUT AND HARTFORD FUNDS MANAGEMENT COMPANY, LLC AND ITS AFFILIATES DO NOT INSURE OR GUARANTEE THIS ACCOUNT, AMOUNTS CONTRIBUTED TO THE ACCOUNT, OR INVESTED RETURN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Return this form and any other required documents to:

CHET Advisor
P.O. Box 2800
Enfield, CT 06083-2800

For overnight delivery or registered mail, send to:

CHET Advisor
95 Wells Ave., Suite 155
Newton, MA 02459-3204

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