

The Hartford SMART529 Power of Attorney



SMART529 is a program of the Board of Trustees of the West Virginia College and Jumpstart Savings Programs and is administered by Hartford Funds Management Company, LLC

Complete this **Power of Attorney Form** to designate an individual as your agent who will have complete authority to act on your The Hartford SMART529 College Savings Plan Account(s).

- This **Power of Attorney Form** must be signed by the agent in **Section 2**. It also must be signed by the Account Owner and notarized in **Section 3**.
- If there is anything about this form that you do not understand, you should seek legal advice.
- 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 listed. Do not staple.

Forms can be downloaded from our website at www.hartfordfunds.com, or you can call us to order any form—or request assistance in completing this form—at **1.866.574.3542**, 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:

The Hartford SMART529
P.O. Box 55359
Boston, MA 02205-5359

For overnight delivery or registered mail, send to:

The Hartford SMART529
95 Wells Ave., Suite 155
Newton, MA 02459-3204

PLEASE READ BEFORE EXECUTING THIS DOCUMENT

THIS IS A DURABLE POWER OF ATTORNEY. THE AUTHORITY OF YOUR AGENT WILL NOT TERMINATE IF YOU BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER YOU ARE DEAD OR ALIVE. THIS POWER OF ATTORNEY WILL TERMINATE ON YOUR DEATH. **THIS POWER OF ATTORNEY ONLY AUTHORIZES YOUR AGENT TO ACT ON YOUR BEHALF WITH RESPECT TO YOUR THE HARTFORD SMART529 COLLEGE SAVINGS PLAN ACCOUNT(S). IT ALSO TAKES PRIORITY OVER ANY OTHER POWER OF ATTORNEY YOU HAVE SIGNED WITH RESPECT TO THE ACCOUNT(S).**

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO ACT FOR YOU, WITHOUT YOUR CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. THIS INCLUDES THE POWER TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, CHANGES TO THE BENEFICIARY OF ANY ACCOUNT, AND ANY OTHER ACTION IN CONNECTION WITH YOUR THE HARTFORD SMART529 COLLEGE SAVINGS PLAN ACCOUNT(S), WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS POWER OF ATTORNEY AT ANY TIME BY SENDING WRITTEN NOTICE TO THE ABOVE ADDRESS. THE POWER OF ATTORNEY MAY ALSO BE TERMINATED BY COURT ORDER UPON DELIVERY OF THAT ORDER TO THE ABOVE ADDRESS.

AS DISCLOSED IN THE PARTICIPATION AGREEMENT, THE LAWS OF THE STATE OF WEST VIRGINIA GENERALLY GOVERN THIS POWER OF ATTORNEY.

3. Signature, Indemnification, and Notarization—YOU MUST SIGN BELOW

I, the Account Owner listed in **Section 1**, appoint the Power of Attorney listed in **Section 2**, as my Power of Attorney to act for me in any lawful way that I may act with respect to the The Hartford SMART529 College Savings Plan account(s) identified in **Section 1**, or for any new account established with a new enrollment form submitted with this Power of Attorney in accordance with procedures established by the The Hartford SMART529 College Savings Plan. This includes but is not limited to:

- Contributing and withdrawing money from any account listed in **Section 1** in accordance with procedures established by the The Hartford SMART529 College Savings Plan.
- Contributing money owned wholly or partly by me to any account listed in **Section 1** and moving money among Investment Portfolios within each of the above-referenced account(s).
- Withdrawing, now or in the future, money from any account listed in **Section 1**; and otherwise managing and entering into all other lawful transactions with respect to the above-referenced account(s).
- Changing the designated beneficiary of any account listed in **Section 1**.
- Receiving duplicate statements from the The Hartford SMART529 College Savings Plan.

UNLESS YOU DIRECT OTHERWISE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT. THIS POWER OF ATTORNEY MAY BE REVOKED BY YOU AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS POWER OF ATTORNEY IS SIGNED AND CONTINUES IN EFFECT UNTIL YOUR DEATH.

I agree that any third party who receives a copy of this document may act under it with respect to the The Hartford SMART529 College Savings Plan Account(s) identified in **Section 1**. Revocation or termination of the Power of Attorney due to my death, court determination, subsequent Power of Attorney documents submitted and accepted by us, or any other reason is not effective as to a third party until the third party receives written notice of the revocation or termination and the third party has had a reasonable amount of time to act on such notice. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless the The Hartford SMART529 College Savings Plan, the State of West Virginia, the Board of Trustees of the West Virginia College and Jumpstart Savings Programs, Hartford Funds Management Company, LLC or its affiliates, or any other financial institution, agents, and employees, and any third party acting hereunder (any of such persons, individually, a "third party") in connection with the The Hartford SMART529 College Savings Plan, from and against any and all claims that may arise or do arise against such third party by reason of any action or inaction by such third party having relied on the provisions of this Power of Attorney, including any claims that arise from acting on instructions believed by any of them to have originated from my Agent, and to pay such third party promptly on demand, for any and all losses arising out of any act by my Agent under this Power of Attorney.

IF YOU HAVE ANY QUESTIONS ABOUT THE POWER OF ATTORNEY OR AUTHORITY YOU ARE GRANTING TO YOUR AGENT, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.

