The Hartford SMART529

Agent Authorization / Limited Power of Attorney

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

- Use this form for adding a Registered Investment Advisor (RIA) and adding Trading Authority to all plans within The Hartford SMART529.
- Unless otherwise authorized, SMART529 limits access to information on any account, as well as the ability to make discretionary transactions, to the Account Owner and employees of Hartford Funds Management Company, LLC or affiliates of SMART529. As a convenience, any Account Owner may designate an individual who will be authorized to access information and conduct transaction, including *(to the extent permissible by Section 529 of the Internal Revenue Code and the qualified tuition plan statue and rules)* the powers and authority as defined below.
- This **Agent Authorization/Limited Power of Attorney Form** must be signed by the Account Owner and notarized in **Section 4.**
- If there is anything about this form that you do not understand, you should consult your lawyer to explain it to you.
- 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 **1.888.802.0033**. 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:	For overnight delivery or registered mail, send to:
The Hartford SMART529 **P.O. Box 55359** **Boston, MA 02205-5359**	**The Hartford SMART529** **95 Wells Ave., Suite 155** **Newton, MA 02459-3204**

1. Account Owner information

Account Number *(List all that apply. To list more than three Accounts, use a separate sheet.)*

Social Security Number or Taxpayer Identification Number ***(Required)***

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

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

City

State

Zip Code

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

SMART529 AGENT AUTH

2. Authorized Agent information

Relationship to Account Owner *(Check one.)*

☐ RIA ☐ Trading Authorization *(Provide Social Security Number or other Tax ID Number.)* ___ – __ – ____

Name of Authorized Agent *(first, middle initial, last)*

RIA Firm Name *(if applicable)*

RIA ID Number/CRD *(if applicable)*

Mailing Address

City State Zip Code

Email Address

Telephone Number

3. Authorization level

Important: RIAs will automatically be setup for Level 3 access. If you are appointing an RIA, go directly to **Section 4**.

I, the Account Owner listed in **Section 1,** appoint the Authorized Agent listed in **Section 2,** as my Authorized Agent *(please initial the appropriate level of access that applies to the Account(s) listed in* ***Section 1****)*.

Note: If you have more than one Account and you wish to designate different levels of access for your different Account(s), complete a separate form for each Account.

_____ **Level 1—Account Inquiry Access.** To obtain information about my Account(s), and receive duplicate Account statements from The Hartford SMART529.*

_____ **Level 2—Account Inquiry Access, Contributions, and Exchanges.** To obtain information about my Account(s), and receive duplicate Account statements from The Hartford SMART529. To contribute money to the above-referenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s).*

_____ **Level 3—Account Inquiry Access, Contributions, Exchanges, and Disbursements.** To obtain information about my Account(s), and receive duplicate Account statements from The Hartford SMART529. To contribute money to the above-referenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s). To withdraw, now or in the future, money from the above-referenced Account(s).*

* The authority granted herein is limited to the level of authority specified above. My Authorized Agent shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
- Adding, deleting, or changing any banking information with respect to my Account(s),
- Changing the Designated Beneficiary,
- Signing or e-signing an Account application or otherwise opening a new registration on my behalf, or
- Transferring assets to a new registration.

4. 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 West Virginia College Prepaid Tuition and Savings 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 SMART529 covering the same account transactions. SMART529 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 SMART 529 receives notice of my revocation in writing.

SIGNATURE

Signature of Account Owner

__ __ – __ __ – __ __ __ __

Date *(mm/dd/yyyy)*

Your signature must be notarized. See below. We cannot accept a Medallion Signature Guarantee in place of a notary's seal.

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 4**.

Clear all fields

HARTFORDFUNDS

West Virginia College Prepaid Tuition and Savings Program Board of Trustees

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