The Hartford SMART529

Account Features Form

THE HARTFORD® SMART529® Offered by the West Virginia College Prepaid Tuition and Savings Program Board of Trustees

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

- Complete this form to add, change, or delete important account features. Please refer to **Section 2** for more details.
- 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.

Fillable 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

1. Current Account Owner information

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☐☐☐☐☐☐☐☐☐ — ☐☐

Account Number(s) *(To list more than 3 Accounts, use a separate sheet).*

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

☐☐☐ — ☐☐☐ — ☐☐☐☐

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

2. Features to add, update, or delete *(Check all that apply).*

☐ Automatic Investment Program — **Section 3**
☐ Bank information — **Section 4**
☐ Interested party information — **Section 5**
☐ Reduced sales charge — **Section 6**
☐ Systematic Exchange Program — **Section 7**
☐ Systematic Withdrawal Program — **Section 8**

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SMART529 ACCT FEATURES

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 Automatic Investment Program (AIP) by accessing your Account online at **www.hartfordfunds.com.**
- Account Owners, family members, and friends can all contribute to a SMART529 Account through AIP. To add additional AIP instructions or multiple bank accounts, complete and include **Section 3** and **4** for each.
- Your minimum contribution must be at least $25 *($15 for West Virginia residents).*
- Accounts with balances less than $25,000 are subject to a $25 annual maintenance fee. This fee is waived for West Virginia residents and Accounts contributing at least $300 annually through AIP or Payroll Direct Deposit.
- Contributions by AIP will be unavailable for distribution for 5 business days.

AIP. You can transfer money from your bank account to your The Hartford SMART529 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 **1.866.574.3542**.

☐ Change my bank account information. *(Provide the information in **Section 4**).*

☐ Delete this option.

Amount of Debit: $ ☐,☐☐☐.00

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

Start Date:* ☐☐ – ☐☐ – ☐☐☐☐
Date *(mm/dd/yyyy)*

* The Program 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: $ ☐,☐☐☐.00

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 Hartford SMART529 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 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 ($15 for WV residents) or more from your bank account to your Hartford SMART529 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.

5. Interested party information

- Complete this section if you want additional persons as an interested party to receive quarterly statements on the Account or if you are replacing or changing interested party information on your Account.

A. Check one: ☐ Add ☐ Replace interested party ☐ Change current information ☐ Delete

Name *(first, middle initial, last)*

Address

City State Zip Code —

Telephone Number — —

Relationship to Account Owner:

☐ Compliance ☐ Investment Advisor ☐ Parent/Guardian ☐ Other

B. Check one: ☐ Add ☐ Replace interested party ☐ Change current information ☐ Delete

Name *(first, middle initial, last)*

Address

City State Zip Code —

Telephone Number — —

Relationship to Account Owner:

☐ Compliance ☐ Investment Advisor ☐ Parent/Guardian ☐ Other

6. Reduced Class A Shares sales charge and Class E Shares eligibility

- You must complete this section to qualify for a sales charge reduction on Class A Shares. Please see the Offering Statement for more information.
- Select all that apply.

A. ☐ **Rights of Accumulation (ROA).** To qualify for sales discounts on Class A Shares, list below the account numbers of other The Hartford SMART529 plans and/or all classes of shares of The Hartford Mutual Fund accounts that you or your family *(spouse and dependent children)* already own. If needed, include a separate sheet of paper with additional accounts.

Fund Name

Account Number

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

Fund Name

Account Number

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

B. ☐ **Letter of Intent.** I intend to buy more Class A Shares and understand that I can reduce my sales charges through accumulated investments *(including investments in The Hartford Mutual Funds)*. I plan to invest over a 13-month period following the date of this application an aggregate amount of at least:

☐ $250,000 ☐ $500,000 ☐ $1,000,000

C. ☐ **Qualify for Class E Shares Eligibility.** This Account qualifies for Class E Share purchases as described in the Offering Statement. Please indicate the qualification for Class E Share purchases:

☐ Employee Affiliation – explain:

☐ Registered Investment Advisor

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. This feature is not available if participating in the Age-Based Portfolio.
- By selecting this feature, you authorize The Hartford SMART529 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 Offering Statement. 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 Program 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 Hartford SMART529 to exchange from the following Investment Option(s)

Investment Option	Amount**
	$ ☐,☐☐☐.00
	$ ☐,☐☐☐.00
	$ ☐,☐☐☐.00

To the following Investment Option(s)

Investment Option	Amount**
	$ ☐,☐☐☐.00
	$ ☐,☐☐☐.00
	$ ☐,☐☐☐.00

**Please specify only dollar amounts, not percentages.

8. Systematic Withdrawal Program

- Complete this section to establish periodic withdrawals for your The Hartford SMART529 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 The Hartford SMART529 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 Offering Statement.

Important: Your distribution will be held if a contribution is not a deposit for 5 business days, or 9 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 The Hartford SMART529 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 The Hartford SMART529 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 The Hartford SMART529 to withdraw from the following Investment Option(s)

Investment Option _____ Amount** $ ☐,☐☐☐.00

Investment Option _____ Amount** $ ☐,☐☐☐.00

Investment Option _____ Amount** $ ☐,☐☐☐.00

**Please specify only dollar amounts, not percentages.

B. **SWP Recipient.**

☐ Account Owner *(Address on record).*

☐ 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

City State 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 Offering Statement and understand the rules and regulations governing distributions from your The Hartford SMART529 Account. I also certify that the information provided on this form is accurate and hereby instruct The Hartford SMART529 to distribute my Account as I have indicated.

SIGNATURE

Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

HARTFORDFUNDS

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