



**3. New Financial Advisor information** *(To be completed by the Financial Advisor.)*

Firm Name

Financial Advisor Name *(first, middle initial, last)*

Branch Number *(if applicable)*

Advisor ID Number/IRD Number

Mailing Address

City

State

Zip Code

Email Address

Telephone Number

**4. SIGNATURE — MUST SIGN BELOW**

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 Hartford SMART529 College Savings Plan Offering Statement.

SIGNATURE

Signature of Account Owner

Date *(mm/dd/yyyy)*

SIGNATURE

Signature of Financial Advisor

Date *(mm/dd/yyyy)*

SIGNATURE

Signature of Principal

Date *(mm/dd/yyyy)*