The Hartford SMART529

Account Information Change Form



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

- Any of the following can be changed online by logging into your account or by completing this form: your address, telephone number, email address, or Successor Account Owner.
- If you are changing your name, your former signature and your new signature must be Notarized in **Section 6** by a Notary Public or provide certified copies of the appropriate legal documents.
- If you are changing the Account Owner of an existing Account, your signature must be Notarized in **Section 6** by a Notary Public and the new Account Owner must include an **Account Application**.
- 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 three Accounts, use a separate sheet.)
Name of Account Owner (first, middle initial, last)
Telephone Number (In case we have a question about your Account)

[&]quot;SMART529" is a registered trademark of the Board of Trustees of the West Virginia College and Jumpstart Savings Programs.



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[&]quot;The Hartford" is a registered trademark of Hartford Funds Management Company, LLC.

2. Updated Account Owner information

- If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your account with The Hartford SMART529.
- If you are changing your name, you must also provide a Notarized Signature in **Section 6**, or provide a certified copy of the appropriate legal documents.

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4. Successor Account Owner information (Optional, but recommended.)

- If you choose to complete **Section 4**, you are required to provide full legal name and date of birth.
- The Successor Account Owner will take control of the Account in the event of the Account Owner's death or disability. The Successor Account Owner has no rights in regard to the Account and cannot direct any changes, conversions, transfers, or cancellations, except in the event of the death or disability of the Account Owner.
- You may revoke or change the Successor Account Owner at any time. See The Hartford SMART529 Offering Statement for more information.
- The Successor Account Owner must be at least 18 years old, or a corporation, partnership, trust, or other entity.

Check one.	
Add Change	Delete
Legal Name (First name)	(m.i.,
Legal Name (Last name)	
If the Account Owner is a Business Entity/Trust	
Gender (Check one.): Male	Female
Relationship to Account Owner (Check one): Spouse Parent Other
Social Security Number or Taxpayer Identification Number	Birth Date/Trust Date (mm/dd/yyyy)
Telephone Number	
Address	
City	State Zip Code

to a new Account Owner, skip this section and complete Sec	,tivii v iiis	itead.)										
I certify that the information provided herein is true and comagree to all the terms and conditions of the Offering Statem		ll respe	ects, a	nd tha	t I have re	ad and	l und	erst	and,	cons	ent	,
SIGNATURE] — [_			
Signature of Account Owner					Date (mi	m/dd/yyy	'y)					
Signature and notarization—YOU MUST SIG	N BELO	W										
I authorize the above named person to access information of Trustees of the West Virginia College and Jumpstart Saving LLC and its affiliates and subsidiaries for any loss, liability of	s Program	s or a c	lesign	ated a	igent, Har	tford F	unds	Mar				
I understand that I may receive financial statements from th account transactions. SMART529 has no responsibility for t											the	S
I certify that the information provided on this form is true an until SMART 529 receives notice of my revocation in writing		e in all	respe	cts. Th	his author	ization	shall	l rem	nain	in fu	ll ef	fe
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Signature of Account Owner					Date (m	 m/dd/yy	 /y)					
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This document was acknowledged before me on												
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