The Hartford SMART529

Distribution Request 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

- Complete this form to request a full or partial, qualified or non-qualified distribution from your Hartford SMART529 Account. You must submit a separate form for each type of distribution you are requesting. The earnings portion of non-qualified distributions from your Account may be subject to federal income tax and a 10% federal penalty tax as well as state and local income taxes. See The Hartford SMART529 Offering Statement for more information and a listing of qualified distributions.

  Note: You can also request a qualified or non-qualified distribution by telephone or online at **www.hartfordfunds.com.**
- We are required to file IRS Form 1099-Q annually if you take a distribution from your The Hartford SMART529 Account.
- A Deferred Sales Charge may apply to some distributions as described in the Offering Statement.
- 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.

Important: Your distribution will be held nine (9) business days if the address to which you've requested the distribution be sent has changed or ten (10) business days if new or updated banking instructions have been received with the distribution request. The distribution will be released when the applicable waiting period has been satisfied. To release the distribution prior to the required waiting period, a Notarized Signature is required in **Section 7.**

Note: All new contributions are held for five (5) business days prior to being distributed.

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. Account Owner information

Account Number

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

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

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

2. Designated Beneficiary information

Name of Designated Beneficiary *(first, middle initial, last)*

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

Mailing Address

City

State

Zip Code

"The Hartford" is a registered trademark of Hartford Fire Insurance Company.
"SMART529" is a registered trademark of the Board of Trustees of the West Virginia College and Jumpstart Savings Programs.

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3. Reason for distribution *(Choose only **one** of the following eight options.)*

☐ Check if you would like your check to be sent via express mail *($25 fee applies).*

A. ☐ **Qualified distribution to the Account Owner.*** My distribution will be used to pay for the Designated Beneficiary's Qualified Higher Education Expenses, as defined in the Offering Statement. *(You will receive a check at your address of record.)*

B. ☐ **Qualified distribution to the Designated Beneficiary.*** My distribution will be used to pay for the Designated Beneficiary's Qualified Higher Education Expenses. *(The Designated Beneficiary will receive a check at the address you indicated in **Section 2**.)*

C. ☐ **Qualified distribution to the Bank Account of the Account Owner, Parent/Guardian or Custodian.** My distribution will be used to pay for the Beneficiary's Qualified Higher Education Expenses, as defined in the Program Disclosure Statement. My distribution should be sent via Electronic Fund Transfer (EFT) using banking instructions on file with The Hartford SMART529.

- **Important**: If you are adding or changing bank information, a Notarized Signature is required at the time of distribution. If the form is not Notarized, your funds will be sent by check to the address on the account.

D. ☐ **Qualified distribution to an eligible college or university.*** *(Provide the exact 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 —

E. ☐ **Indirect rollover.** I will invest my distribution in another qualified 529 plan within the next 60 days. *(You will receive a check at your address of record.)*

F. ☐ **Non-qualified distribution to the Account Owner.**** My distribution will not be used to pay for the Designated Beneficiary's Qualified Higher Education Expenses. *(You will receive a check at your address of record.)*

G. ☐ **Non-qualified distribution to the Designated Beneficiary.**** My distribution will not be used to pay for the Designated Beneficiary's Qualified Higher Education Expenses. *(The Designated Beneficiary will receive a check at the address you indicated in **Section 2**.)*

H. ☐ **Non-Qualified distribution to the Bank Account of the Account Owner, Parent/Guardian or Custodian.**** My distribution will not be used to pay for the Beneficiary's Qualified Higher Education Expenses, as defined in the Program Disclosure Statement. My distribution should be sent via Electronic Fund Transfer (EFT) using banking instructions on file with The Hartford SMART529.

- **Important**: If you are adding or changing bank information, a Notarized Signature is required at the time of distribution. If the form is not Notarized, your funds will be sent by check to the address on the account.

* State tax treatment for K-12 Tuition Expenses and Apprenticeship Expenses varies by state. Please consult with your tax advisor for more information. The IRS and the West Virginia Department of Revenue may require you to prove that your distribution is for Qualified Education Expenses. Consult the IRS or your tax advisor for current documentation requirements.

** The earnings portion of a non-qualified distribution may be subject to federal income tax, and may be subject to a 10% federal penalty tax, as well as state and local income taxes. Contact your tax advisor about how to report a non-qualified distribution. West Virginia taxpayers may reduce their Federal Adjusted Gross Income by the amounts contributed to the program each calendar year. Please note that this credit may be subject to recapture from the Account Owner (not contributors) in certain circumstances, such as a rollover to another state's 529 plan or a non-qualified withdrawal.

4. Amount of distribution *(Choose one.)*

A. ☐ **Full balance.** Withdraw the entire amount held in all of the Investment Options in my Account, discontinue my Automatic Investment Program (AIP) *(if applicable)*, and close this Account.

Important: If you contribute to your Account through Payroll Direct Deposit, you must notify your employer to cancel these contributions.

B. ☐ **Partial amount of:**

$ ☐☐☐,☐☐☐.☐☐
(Total distribution amount)

Important: If the dollar amount you indicate for a particular Investment Option exceeds the amount available for withdrawal, we will liquidate the entire balance of that Investment Option.

☐ Distribute the amount listed above proportionately from among my current Investment Options, based on the current market value of all Investment Options in my account.

☐ Distribute the amount listed above from the specific Investment Options designated below.

Name of Investment Option	**Dollar amount** *(For partial amounts.)*	**OR**	**Total balance** *(Check if applicable.)*
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
TOTAL:	**$** ☐☐☐,☐☐☐.☐☐		

Note: Redemption requests from Class C shares may be subject to a Contingent Deferred Sales Charge (CDSC).

5. Bank information

- Complete this section if you are adding an EFT option to your Account or if you are changing your bank account information.
- EFT transactions 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.

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.

Bank Name

Account Type: *(Check One)* ☐ Checking ☐ Savings

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.

6. Signature — YOU MUST SIGN BELOW

Important: If you require a notary, do not sign in this section; see **Section 7**

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 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.

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 understand that I may incur federal, state or local income and penalty taxes as a consequence of certain activities, including without limitation non-qualified withdrawals, terminating my Account, or changing my Beneficiary to an ineligible person. Account Owners should seek advice from a qualified tax professional.

SIGNATURE

Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

7. Signature and notarization — YOU MUST SIGN BELOW

REQUIRED FOR WAIVING OF WAITING PERIOD FOR CONTRIBUTIONS OR THE USE OF AN ALTERNATE ADDRESS

- Do not sign below until you are in the presence of the authorized officer providing the notarization.
  By signing this form I agree to all of the certifications, terms and conditions set forth above in Section 6.

SIGNATURE

Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

Your signature must be notarized. See below.

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 7**.

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