THE HARTFORD®
SMART529®
Offered by the Board of Trustees of the West Virginia College and Jumpstart Savings Programs

Questions?

Customer Service: Contact your Merrill Financial Professional

Account Application for Merrill West Virginia Residents

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

Customer Identification Information. In order to fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an Account, you will be asked to provide your name, address, date of birth, and other information that identifies you such as a Social Security number or a tax identification number. You may also be asked to provide a copy of your driver's license or other identifying documents. For some legal entity accounts, you will be asked to provide identifying information for one natural person that controls the entity, and for each natural person that beneficially owns 25% or more of the legal entity If we do not receive all of the required information or are unable to verify your identity, there could be a delay in opening the Account. If we are unable to verify your identity, we may take any action permitted by law, without prior notice to you, including rejecting contributions or closing your Account. Any refund made under these circumstances may be considered a Non-Qualified Withdrawal.

- Your initial investment must total at least $250 ($50 for West Virginia residents), unless you enroll in the Automatic Investment Program (AIP) or Payroll Direct Deposit. If enrolling in AIP or Payroll Direct Deposit, then the minimum is $25 ($15 for West Virginia residents).
- Type in your information and print out the completed application, or print clearly, preferably in capital letters and black ink. Mail the application to the address on the last page, or return by fax at 1.888.802.0033. Do not staple.

1. Account type

Select one of the Account types below. If you do not select an Account type, we will open an Individual Account for you.

☐ **Individual Account.** I am opening a new 529 plan Account.

☐ **UGMA/UTMA Account.** I am funding this Account with cash proceeds from the sale of assets held in an UGMA/UTMA custodial account for the benefit of the Designated Beneficiary indicated in **Section 3** of this **Account Application.** I understand that I will be considered the owner of the Account in my capacity as UGMA/UTMA custodian for that Designated Beneficiary. Additional non-UGMA/UTMA contributions will not be accepted into this Account. An additional Account may be set up for this purpose.

☐☐ Indicate the state *(please abbreviate)* in which the UGMA/UTMA custodial account was opened.

☐ **Business Entity/Trust Account.** I am opening this Account as a corporation, partnership, association, estate, or trust. *(You must include documentary evidence. Please enclose supporting documents substantiating the status of the Business Entity/Partnership, and the authorization of the establishment of the authorized signer.* ***If establishing a trust, please complete the Trustee Certification Form.*** *We may also request additional information from you).*

2. Account Owner information *(The Account Owner is the person or entity who owns and controls the Account. This person must be at least 18 years old.)*

Legal Name/Trustee *(First name)* *(m.i.)*

Legal Name/Trustee *(Last name)*

If the Account Owner is a Business Entity/Trust

"The Hartford" is a registered trademark of Hartford Funds Management Company, LLC.
"SMART529" is a registered trademark of the Board of Trustees of the West Virginia College and Jumpstart Savings Programs.

Account Owner information *(Continued)*

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

Birth Date/Trust Date *(mm/dd/yyyy)* ***(Required)***

Trustee Social Security Number or Taxpayer Identification Number ***(Required, if applicable)***

Trustee Date of Birth *(mm/dd/yyyy)* ***(Required, if applicable)***

Citizenship *(Please provide country of citizenship, if you are a resident alien).*

Role *(Check one):* ☐ Owner ☐ Authorized Signer ☐ Both Owner and Authorized Signer

% Percentage of ownership

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

Email Address

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

City State **WV** Zip Code

Account Mailing Address if different from above *(This address will be used as the Account's address of record and for all Account mailings).*

City State **WV** Zip Code

Gender *(Check one):* ☐ Male ☐ Female

Relationship to Designated Beneficiary *(Check one):* ☐ Parent ☐ Grandparent ☐ Other

3. Designated Beneficiary information *(The person whose qualified higher education expenses may be paid from the Account).*

Legal Name *(First name)* *(m.i.)*

Legal Name *(Last name)*

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

Birth Date *(mm/dd/yyyy)* ***(Required)***

Citizenship *(Please provide country of citizenship, if Designated Beneficiary is a resident alien).*

☐ Check if Designated Beneficiary's address is the same as Account Owner, otherwise complete the following:

Address

City State Zip Code

Gender *(Check one):* ☐ Male ☐ Female

Relationship to Account Owner *(Check one):* ☐ Child ☐ Grandchild ☐ Other

4. SMART529 Bright Babies Program

- If your Designated Beneficiary is a West Virginia resident and was born on or after January 1, 2015 *(or if your Designated Beneficiary was adopted on or after January 1, 2015)* and your Account is opened within one year of your Designated Beneficiary's birth *(or adoption)*, your Account may be eligible to receive a one-time incentive contribution of $100 from the SMART529 Bright Babies Program. See the Offering Statement for more information.
- To be considered for the program, check off the applicable box(es) below.

☐ I certify that the Designated Beneficiary named in **Section 3** meets the criteria of the SMART529 Bright Babies Program, as outlined in the Offering Statement.

☐ I certify that the Designated Beneficiary named in **Section 3** was legally adopted on ☐☐ — ☐☐ — ☐☐☐☐
Adoption Date *(mm/dd/yyyy)*

5. Successor Account Owner information *(Optional, but recommended).*

- If you choose to complete **Section 5**, 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, 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 College Savings Plan Offering Statement (Offering Statement) for more information.
- The Successor Account Owner **must be at least 18 years old, or a corporation, partnership, trust, or other entity.**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐
Legal Name *(First name)* *(m.i.)*

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Legal Name *(Last name)*

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
If the Account Owner is a Business Entity/Trust

☐☐☐ — ☐☐ — ☐☐☐☐
Social Security Number or Taxpayer Identification Number

☐☐ — ☐☐ — ☐☐☐☐
Birth Date/Trust Date *(mm/dd/yyyy)*

☐☐☐ — ☐☐☐ — ☐☐☐☐
Telephone Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Address

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐ ☐☐☐☐☐ — ☐☐☐☐
City State Zip Code

Gender *(Check one):* ☐ Male ☐ Female

Relationship to Account Owner *(Check one):* ☐ Spouse ☐ Parent ☐ Other

6. Trusted Contact Person information

Name of Trusted Contact Person *(first, middle initial, last)*

Trusted Contact Person's Primary Telephone Number

Trusted Contact Person's Mobile Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

City State Zip Code

Relationship to Account Owner.

☐ Advisor ☐ Attorney ☐ Family Member ☐ Friend ☐ Spouse ☐ Other

7. Merrill Advisor information

The most recent version of the Merrill Client Relationship Summary and the Merrill Best Interest Disclosure Statement were provided to the client on:

Date *(mm/dd/yyyy)*

Firm Name

Advisor Name *(first, middle initial, last). Please enter "Merrill Edge" for Merrill Edge accounts.*

Branch Number *(if applicable)/Merrill Edge Prefix* Advisor ID Number/Merrill Edge Producer ID BIN/Merrill Lynch Account Number

Telephone Number

Mailing Address or Merrill Edge Service and Support Address

City State Zip Code

Email Address

Note: If you are a Registered Investment Advisor (RIA) and qualify for Class E Shares, please complete **Section 8d**.

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

- To qualify for a sales charge reduction on Class A Shares, you must complete the section below. 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 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.

Note: 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. ☐ **Employer Group.** To qualify for a reduced Class A shares sales charge as an eligible member of an employer group, your employer group must be eligible for this program pursuant to the eligibility requirements set out in the Offering Statement. Please provide below your employer group name and number.

Employer Group Name

Employer Group Number

D. ☐ **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 *(Requires **Section 7**, Advisor information, be completed. Registered Investment Advisor must also sign below).*

SIGNATURE
Advisor Signature

Date *(mm/dd/yyyy)*

***Note:** In **Section 9**, you must select an investment option in Class E Shares.

9. The Hartford SMART529 Investment Option selection

- Before choosing your Investment Option(s), see the Offering Statement *(also available at **www.hartfordfunds.com**)* for complete information about the investments offered.
- The investment allocations selected on the following page will be used for future contributions unless new instructions are provided or you exchange them into new Investment Option(s).
- You must allocate at least **1%** of your contributions to each Investment Option that you choose. Use whole percentages only.
- Your investment percentages must total **100%.**

Customized Portfolio Option:

- The Customized Portfolio Option offers you the ability to design a Customized Portfolio that will remain consistent with your predetermined investment objectives over time.
- You must select a minimum of two investment options in order to select this option. If only one investment option is chosen, that will be your allocation for current and future contributions unless we are notified of a new selection.
- Selecting this option will automatically rebalance your portfolio on a quarterly basis in accordance with the target allocations on file.
- Adding, stopping, or restarting the Customized Portfolio Option at any time after enrollment, will count as one of your allowable investment strategy changes per calendar year, as outlined in the Offering Statement.
- Changes to underlying fund selections within your Customized Portfolio will also count as one of your allowable investment strategy changes per calendar year. These changes would include adjusting the percentage assigned to each investment option.
- When electing the Customized Portfolio option you may select only one class of shares. Choice of Share Class and Investment Portfolios.

Choose Your Share Class

- Please select only one Share Class below. Each Share Class has a different fee and expense structure. Please refer to the Offering Statement for a complete explanation. Applications received that do not indicate a Share Class for investment will be returned for completion.

Suggested Share Class		
Total Investment/Assets	**Anticipated Investment Holding Period**	
	4 years or less	**More than 4 years**
Less than $500,000	C Shares	A or C Shares
$500,000 – $999,999	C Shares – If holding period is less than 2 years A Shares – If holding period is 2+ years	A Shares
$1,000,000+		A Shares

- **A Shares** - May be appropriate for investors who anticipate being invested in the plan for at least 4 years or for investments over certain dollar thresholds across all your accounts (since purchases will be eligible for reduced sales charges – See Offering Statement for more information.)
- **C Shares** - May be appropriate for investors who anticipate being invested in the plan for less than 4 years.

Signature required below if:

- You select A Shares and your Designated Beneficiary is age 18 or older at the time of application, unless your total investment is $500,000 or greater or more; or
- You select C Shares and your total assets are $500,000 or greater, unless your Designated Beneficiary is age 19 or older at the time of application.

Fee Disclosure Notice:

A Shares - Have an upfront sales charge, but lower ongoing annual asset based fees than C Shares. Therefore, A Shares may be considered to be more economical over longer investment time horizons and more appropriate for investors who anticipate being invested in the Hartford SMART529 for 4 years or longer. Additionally, if you are entitled to a reduction of the sales charge based on the amount of your investment, the number of years at which A Shares may incur lower overall fees as those that would have been incurred by C Shares may be less than 4 years.

C Shares – C Shares do not have an upfront sales charge, however, they have higher ongoing annual asset based fees than A Shares. C Shares may incur less fees than A Shares over shorter investment time horizons, and may be more appropriate for investors who anticipate being invested in the Hartford SMART529 for less than 4 years and are not entitled to a sales charge reduction on A Shares based on the amount of their investment in the plan. Please note that if C Shares are liquidated and withdrawn from the account within 12 months of the purchase, they may be subject to a contingent deferred sales charge. Contributions to Class C Shares that have been in an Account for at least four years, together with any earning associated with those contributions, automatically transfer to the Class A fee structure within approximately a month of the four year anniversary of the Account holding such shares.

Fee Acknowledgment:

I understand that by selecting a share class and associated fee structure outside the suggested guidelines provided above, that the fees and expenses incurred over my expected investment holding period may exceed what the fees and expenses would have been if I selected the suggested share class. I understand that I will receive an annual reminder notice from Merrill as long as I am investing in a share class outside the suggested guidelines.

SIGNATURE
Signature

☐☐ – ☐☐ – ☐☐☐☐
Date *(mm/dd/yyyy)*

Age-Based Portfolio:

The asset allocation of money invested in the Age-Based Portfolio is automatically adjusted over time to become more conservative as the Designated Beneficiary approaches college. The Hartford SMART529 Age-Based Portfolio consists of the following Options: 0-3, 4-6, 7-9, 10-11, 12-13, 14-15, 16, 17, and 18+.

	Class A Shares	Class C Shares	Class E Shares*
The Hartford SMART529 Age-Based Portfolio	☐☐☐%	☐☐☐%	☐☐☐%

Static Portfolios:

The assets will remain in the portfolio(s) you select until you exchange them into a new Investment Option.

The Hartford SMART529 Aggressive Growth Portfolio	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford SMART529 Growth Portfolio	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford SMART529 Balanced Portfolio	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford SMART529 Conservative Balanced Portfolio	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford SMART529 Checks and Balances Portfolio	☐☐☐%	☐☐☐%	☐☐☐%

Individual Portfolios:

The assets will remain in the portfolio(s) you select until you exchange them into a new Investment Option.

The Hartford Dividend and Growth 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford Equity Income 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford Core Equity 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford Growth Opportunities 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford MidCap Value 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford Schroders US MidCap Opportunities 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
John Hancock Mid Cap Growth 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford Schroders US Small Cap Opportunities 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford Small Company 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
MFS Global Equity 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford Schroders International Multi-Cap Value 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford International Opportunities 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford International Growth 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford Balanced Income 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford Core Bond ETF 529 Portfolio	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford Total Return Bond 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford Inflation Plus 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford Strategic Income 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The Hartford World Bond 529 Fund	☐☐☐%	☐☐☐%	☐☐☐%
The SMART529 Stable Value Fund	☐☐☐%	☐☐☐%	☐☐☐%
	100%	**100%**	**100%**

Customized Portfolio Option

This option requires you to select at least **two** investment options from above equaling 100%.

☐ I wish to select the Customized Portfolio Option.
(The investment allocations that make up your customized portfolio must be selected above).

*E Shares: Restricted to employees of The Hartford, Affiliated Individuals, and authorized Registered Investment Advisors.

10. Contribution Method

- Your minimum initial contribution must be at least: $250 by check; $25 through Electronic Fund Transfer (EFT); $25 per month by Automatic Investment Program (AIP); or $25 per pay period through Payroll Direct Deposit.
- For West Virginia residents, your minimum initial contribution must be at least: $50 by check; $15 through EFT; $15 per month by AIP; or $15 per pay period through Payroll Direct Deposit.
- Accounts with balances less than $25,000 are subject to a $25 annual maintenance fee. This fee will be waived for West Virginia residents and Accounts contributing at least $300 annually through AIP or Payroll Direct Deposit.
- Contributions by any source *(except Payroll Direct Deposit)* will not be available for withdrawal for 10 calendar days.

Source of funds *(Check all that apply).*

A. ☐ **Personal check.**

Important: All checks must be payable to **SMART529.**

$ ☐☐☐,☐☐☐.☐☐
Amount

B. ☐ **Rollover from another 529 plan, Education Savings Account (ESA), or qualified savings bond to The Hartford SMART529.** By law, rollovers between 529 plans with the same Designated Beneficiary are permitted only once every 12 months. Complete and include an **Incoming Rollover/Transfer Form**, available online at **www.hartfordfunds.com** or by calling **1.866.574.3542.**

C. ☐ **Payroll Direct Deposit.** If you want to make contributions to your The Hartford SMART529 Account directly as a Payroll Direct Deposit, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to The Hartford SMART529 Account until you have received a **Payroll Direct Deposit Confirmation Form** from The Hartford SMART529, provided your signature and Social Security number or Taxpayer Identification number on the Form, and submitted the Form to your employer's payroll office. The amount you indicate below will be in addition to Payroll Direct Deposits that you may have previously established for other SMART529 Accounts.

Amount of Payroll Direct Deposit each pay period *($25 minimum; $15 for West Virginia residents):*

$ ☐,☐☐☐.**0 0**

☐ **Important:** Check here if you are an employee of the State of West Virginia. _____
State Agency/Department

D. ☐ **Electronic Fund Transfer (EFT).** Through EFT, you can make a contribution of at least $25 *($15 for West Virginia residents)* whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set this up, you must provide bank information in **Section 11**. The maximum contribution through a one-time EFT is $160,000. *(The amount below will be a one-time EFT contribution to open your Account).*

$ ☐☐☐,☐☐☐.☐☐
Amount

E. ☐ **Automatic Investment Program (AIP).** You can have a set amount automatically transferred from your bank account on the frequency you specify. Money will be transferred electronically at regular intervals from your bank, savings and loan, or credit union account to your The Hartford SMART529 Account. You may change the investment amount and frequency at any time by logging onto your Account at **www.hartfordfunds.com** or by calling **1.866.574.3542**. 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 **Sections 10e** and **11** for each.

Important: To set up this option, you must provide bank information in **Section 11.**

Amount of Debit: **$** ☐,☐☐☐.**0** **0**
Amount

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

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

*The Program must receive instructions at least 3 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.

Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market.

Amount of increase: **$** ☐,☐☐☐.**0** **0**

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.

11. Bank Information

Required to establish the EFT or AIP service.

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. Additional UGMA/UTMA contributions will not be accepted into this Account. An additional account may be set up for this purpose.

12. Systematic Exchange Program *(Optional)*

- 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 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 *(Selected in **Section 9**)*.

Investment Option	$ Amount†
	$,. 0 0
	$,. 0 0
	$,. 0 0

To the following Investment Option(s)

Investment Option	$ Amount†
	$,. 0 0
	$,. 0 0
	$,. 0 0

†Please specify only dollar amounts, not percentages.

13. ACCOUNT CERTIFICATION AND AUTHORIZATION

- Investments in the SMART529 College Savings Plan are not mutual funds, or deposits or obligations of, or guaranteed or endorsed by, the State of West Virginia, the Board of Trustees of the West Virginia College and Jumpstart Savings Programs, Hartford Funds Management Company, LLC or its affiliates, or any other financial institution. They are not insured by the Federal Deposit Insurance Corporation (FDIC), the Federal Reserve Board, or any other agency. They involve risk, including the possible loss of principal.

- I understand that The Hartford SMART529 Program and/or the Program's manager may change in accordance with the terms of the Offering Statement and Participation Agreement.

- If I have completed **Section 11**, I authorize the Board of Trustees of the West Virginia College and Jumpstart Savings Programs or its designated agent, Hartford Funds Management Company, LLC and its affiliated companies or its designees ("the Program"), to initiate credit/debit entries to my bank account *(and to initiate, if necessary, debit/credit entries and adjustments for credit/debit entries made in error)* and I agree to provide the necessary information to allow the Program to initiate such entries, and authorize my depository institution (the "Depository") to credit and/or debit such amounts to my bank account. I understand that my authorization shall remain in full force and effect until the Program receives written notice from me terminating my authorization, provided that my notice is provided to the Program in such time and manner as to afford the Program a reasonable opportunity to act on it. Any such notice must be sent to the Program at the following address: **The Hartford SMART529, P.O. Box 55359, Boston, MA 02205-5359**. I agree to indemnify and hold harmless the Program and my Depository for any loss, liability, or expense incurred from acting on these instructions.

- I understand that if I submit a check to the Program that I am authorizing the Program to use the information on my check to create an electronic debit to my account for the amount of my check. *(The electronic debit transaction is called an automated clearing house or ACH transaction).* In this regard, the Program may initiate credit/debit entries to my account *(as well as adjustments for credit/debit entries made in error)*. The information needed to initiate such entries may include the routing number, account number, and check serial number obtained from the Magnetic Ink Character Recognition ("MICR") line of my check *(the line of numbers and characters printed across the bottom of the check),* the dollar amount of the check, and the identity of my Depository *(whose name will be obtained from the check)*. I understand that if this method of collecting funds is used, the electronic debit may be posted to my bank account as early as the day after it has been received by the Program. I also understand that, if this method of collecting funds is used, my check will not be returned to me, but that an image of the check will remain on file with the Program for a period of two (2) years, and that the Program may charge me a nominal fee for photocopies of such check images.

ACCOUNT CERTIFICATION AND AUTHORIZATION *(Continued)* — YOU MUST SIGN BELOW

W-9 Certification - Under penalty of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification number, and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person *(including a U.S. resident alien)*. If you are a resident alien, please indicate country of citizenship in **Section 2**.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

BY SIGNING BELOW, YOU ARE AGREEING TO THE TERMS OF THE OFFERING STATEMENT, THE PARTICIPATION AGREEMENT, AND THE TERMS OF THIS APPLICATION. YOU SHOULD CONSULT A FINANCIAL OR LEGAL ADVISOR IF YOU HAVE ANY QUESTIONS ABOUT THE TERMS AND CONDITIONS OF THIS AGREEMENT.

MY SIGNATURE BELOW INDICATES I HAVE READ THE OFFERING STATEMENT AND PARTICIPATION AGREEMENT FOR THE HARTFORD SMART529 PROGRAM AND AGREE TO THE TERMS. THIS APPLICATION, TOGETHER WITH THE OFFERING STATEMENT AND THE PARTICIPATION AGREEMENT, CONSTITUTES MY CONTRACT WITH THE WEST VIRGINIA SAVINGS PLAN TRUST (AND ITS DESIGNEES) WITH RESPECT TO AMOUNTS INVESTED PURSUANT TO THIS APPLICATION.

I UNDERSTAND THAT CONTRIBUTIONS TO THIS ACCOUNT ARE SUBJECT TO INVESTMENT RISK AND ARE NOT FDIC INSURED NOR GUARANTEED BY A DEPOSITORY INSTITUTION. I FURTHER UNDERSTAND THAT THE STATE OF WEST VIRGINIA AND HARTFORD FUNDS MANAGEMENT COMPANY, LLC AND ITS AFFILIATES DO NOT INSURE OR GUARANTEE THIS ACCOUNT, AMOUNTS CONTRIBUTED TO THE ACCOUNT, OR INVESTED RETURN.

By signing this account application, I acknowledge the following:

- I understand and agree that I will also receive the Bank of America U.S. Consumer Privacy Notice, in addition to other required disclosures following the opening of my account. I also understand that the Bank of America U.S. Consumer Privacy Notice is accessible anytime on **www.ml.com/privacy**.
- I have received the Merrill Client Relationship Summary and the Merrill Best Interest Disclosure Statement.
- As the financial advisor of record, my Merrill financial professional can access my account information via telephone inquiry, duplicate statements or online access. My Merrill financial professional will not be able to engage in any transactions on my behalf.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE

Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

Merrill Financial Professionals, please follow internal procedures for account processing to avoid any delays in account establishment.

HARTFORDFUNDS

The Board of Trustees of the West Virginia College and Jumpstart Savings Programs

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