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

Questions?

Customer Service:
1.866.574.3542
Monday through Thursday, 8 a.m. to 7 p.m. ET
Friday, 8 a.m. to 6 p.m. ET

Internet Access at:
www.hartfordfunds.com

Employer Group Verification Form

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 establish a new Employer Group. Please see the Offering Statement for more information.
- 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. Employer Group Information

Name of Employer, Association, or Group

Present Number of Active Employees or Members

Street Address

City

State

Zip Code

Telephone Number

Fax Number

State of Domicile

Name of Employer Group Contact Person

Email Address

Telephone Number

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2. Financial Advisor Information

Name of Financial Advisor

Representative ID Number

Firm Name

Street Address

City State Zip Code

Telephone Number Fax Number

Email Address

3. Signature — Must Sign Below

By signing below, I certify that all of the information provided on this form is complete and correct. In addition, I certify that this Employer Group is eligible for this program, pursuant to the eligibility requirements set out in the Offering Statement.

SIGNATURE

Signature of Employer Group Contact Date *(mm/dd/yyyy)*

SIGNATURE

Signature of Financial Advisor Date *(mm/dd/yyyy)*

4. New Account Owners to be Established Under Employer Group

All new account applications submitted as part of Employer Group sales must be accompanied by a copy of this form with the new account owner name noted in the space provided below:

New Account Owner Name

Social Security Number or Taxpayer Identification Number

New Account Owner Name

Social Security Number or Taxpayer Identification Number

New Account Owner Name

Social Security Number or Taxpayer Identification Number

New Account Owner Name

Social Security Number or Taxpayer Identification Number

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