## The Hartford SMART529

## **Payroll Direct Deposit 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

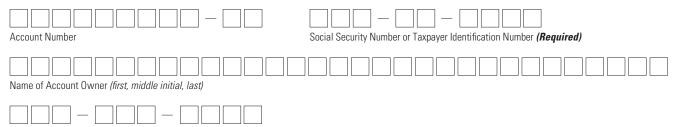
- Complete this section to add, change, or delete Payroll Direct Deposit instructions on your The Hartford SMART529 Account(s). You may also
  provide your Payroll Direct Deposit instructions when you log on to our website at www.hartfordfunds.com. (If you have not established
  an Account, you must also complete and enclose an Account Application.)
- After we process this form, you will receive a Payroll Direct Deposit Confirmation Form, which you must sign and submit to your employer's payroll department.
- Your Payroll Direct Deposit instructions will not take effect until your employer has accepted your signed form.
- 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

## Account Owner information



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

"The Hartford" is a registered trademark of Hartford Funds Management Company, LLC.

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Payroll Direct Deposit instructions	
Check one: Add Payroll Direct Deposit Change Amount	Delete Payroll Direct Deposit (Skip to <b>Section 3</b> .)
Deduct <b>\$</b> , <b>0</b> from my paycheck each pay period and allocate the Account(s) as detailed below.	amount among my The Hartford SMART529
<b>Important:</b> Check here if you are an employee of the State of West Virginia.	State Agency/Department
<b>Important:</b> You must allocate a minimum of \$25 <i>(\$15 for West Virginia residents)</i> to each A additional sheet if you have more than 3 Accounts.	Account per pay period. Please use an
Account Number	S Dollar Amount
Name of Designated Beneficiary (first, middle initial, last)	
Account Number	S, O O Dollar Amount
Name of Designated Beneficiary (first, middle initial, last)	
Account Number	S Dollar Amount
Name of Designated Beneficiary (first, middle initial, last)	

## 3. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all the terms and conditions of the The Hartford SMART529 College Savings Plan Offering Statement and understand the rules and regulations governing The Hartford SMART529.

SIGNATURE					
Signature of Account Owner					

	-
Date ( <i>mm/dd/yyyy</i> )	



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