

Account Application

Account type

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.SMART529Select.com

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

Important Information About Procedures for Opening a New Account. 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 is that 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.

- 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. Do not staple.

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 custodi 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. Addition 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). 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. Please complete the following for any authorized signers or any owner holding 25% or more of the entity. If more than one section is needed, please use a separate sheet).
Legal Name/Trustee (First name)
Legal Name/Trustee (Last name)
If the Account Owner is a Business Entity/Trust



Account Owner information (Continued)
Social Security Number or Taxpayer Identification Number (<i>Required</i>) Birth Date/Trust Date (<i>mm/dd/yyyy</i>) (<i>Required</i>)
Trustee Social Security Number or Taxpayer Identification Number (<i>Required, if applicable</i>) Trustee Date of Birth (mm/dd/yyyy) (<i>Required, if applicable</i>)
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 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 Zip Code
Gender (Check one): Male Female
Relationship to Designated Beneficiary (Check one): Parent Grandparent Other
Designated Beneficiary information (The person whose qualified higher education expenses may be paid from the Account).
Designated Denomination (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 (<i>Required</i>) Birth Date (<i>mm/dd/yyyy</i>) (<i>Required</i>)
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:
Unlet it it besignated beneficially a 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

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)	
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 Success Account Owner has no rights in regard to the Account and cannot direct any changes, transfers, or cancellations, except in the ever of the death or disability of the Account Owner. 	
 You may revoke or change the Successor Account Owner at any time. See the SMART529 Select 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) (n	n.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	

• If your Designated Beneficiary is a West Virginia resident and was born on or after January 1, 2015 (or if your Designated Beneficiary

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B. Authorization level

nt Owner listed in Section 2, appoint the Agent listed in Section 7a. (<i>Please initial the appropriate level of access that the Account</i>).
Level 1—Account Inquiry Access. To obtain information about my Account and receive duplicate Account statements from SMART529 Select.*
Level 2—Account Inquiry Access, Contributions, and Exchanges. To obtain information about my Account and receive duplicate Account statements from SMART529 Select. To contribute money to my Account and to move money among Investment Options within my Account.*
Level 3—Account Inquiry Access, Contributions, Exchanges, and Disbursements. To obtain information about my Account and receive duplicate Account statements from SMART529 Select. To contribute money to my Account and to move money among Investment Options within my Account. To withdraw, now or in the future, money from my Account.*

- * The authority granted herein is limited to the level of authority specified above. The Advisor listed in **Section 7a** shall have no authority to take any other action, including, but not limited to:
 - Changing the address of record on my Account,
- Adding, deleting, or changing any banking information with respect to my Account,
- Changing the Designated Beneficiary,
- Signing or e-signing an **Account Application** or otherwise opening a new registration on my behalf, or
- Transferring assets to a new registration.

8. SMART529 Select Investment Option selection

- Before choosing your Investment Option(s), see the Offering Statement (also available at www.SMART529Select.com) for complete information about the investments offered.
- The investment allocations selected here will be used for future contributions unless new instructions are provided.
- 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%.

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 Age-Based Portfolio consists of the following Options: 0-3, 4-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, and 19+.

	Class D Snares
Age-Based Portfolio	%
Static Portfolios: The assets will remain in the portfolio(s) you select un	til you exchange them into a new Investment Option.
All Equity DFA Portfolio	
Aggressive Growth DFA Portfolio	<u> </u>
Moderately Aggressive Growth DFA Portfolio	<u> </u>
Growth DFA Portfolio	<u> </u>
Moderate Growth DFA Portfolio	<u> </u>
Balanced DFA Portfolio	<u> </u>
Moderately Conservative DFA Portfolio	<u> </u>
Conservative DFA Portfolio	<u> </u>
Fixed Income DFA Portfolio	<u> </u>
1-Year Fixed Income DFA Portfolio	%

9. 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.

Sourc	ee of funds (Check all that apply).
A	Personal check. Important: All checks must be payable to SMART529.
	\$,
В.	Rollover from another 529 plan, Education Savings Account (ESA), or qualified savings bond to SMART529 Select. 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.SMART529Select.com or by calling 1.866.574.3542.
C	Payroll Direct Deposit. If you want to make contributions to your SMART529 Select 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 your SMART529 Select Account until you have received a Payroll Direct Deposit Confirmation Form from SMART529 Select, 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):
	\$00
	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 10. 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).
	\$

E	the frequency you specify. credit union account to yo logging onto your Account and friends can all contrib	Program (AIP). You can have a set amount automatically transferred from your bank account on Money will be transferred electronically at regular intervals from your bank, savings and loan, or ur SMART529 Select Account. You may change the investment amount and frequency at any time by at at www.SMART529Select.com or by calling 1.866.574.3542. Account Owners, family members, but to a SMART529 Select Account through AIP. To add additional AIP instructions or multiple bank account Sections 9e and 10 for each.
	Important: To set up this	option, you must provide bank information in Section 10 .
	Amount of Debit:	\$,
	Frequency (Check one):	Monthly Quarterly Semi-Annual Annual
	Start Date:*	
	account will begin the fo month. If the date is not	e instructions at least 3 days prior to the indicated start date; otherwise, debits from your bank llowing month on the day specified. The start date must fall between the 1st and the 28th of the specified, this option will begin the month following the receipt of this request, on the 10th day of the ur quarterly statements for details on these transactions.
	adjusted each year in	ou may increase your AIP contribution automatically on an annual basis. Your contribution will be the month that you specify by the amount indicated. A confirmation of this increase will be sent to tis scheduled for implementation.
	Note: A plan of regul	lar investment cannot assure a profit or protect against a loss in a declining market.
	Amount of increase	e: \$, 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 SMART529 Select Plans and will also count toward annual federal gift tax exclusion limits.

10. Bank Information

Required to establish the EFT or AIP service.

Important: By signing this paperwork, you agree and confirm that your use of the not result in transfers to or from a financial institution outside of the United States notify The Hartford if any changes to your status occur that may require funds to be the United States.	s. You also understand it is yo	our responsibility to	
Bank Name	Account Type: (Check One)	Checking Savings	S
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.

11. Systematic Exchange Program (Optional)

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 guarter. 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 SMART529 Select to exchange from the following Investment Option (Selected in Section 8). 0 0 Investment Option Amount[†] 0 || 0 Investment Option Amount 0 || 0 Investment Option Amount[†] To the following Investment Option(s) 0 0 Investment Option Amount 0 || 0 Investment Option Amount¹ 0 || 0 Investment Option Amount[†]

By selecting this feature, you authorize SMART529 Select to exchange money automatically from one Investment Option to another

[†]Please specify only dollar amounts, not percentages.

12. ACCOUNT CERTIFICATION AND AUTHORIZATION

- Investments in the SMART529 Select 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 SMART529 Select Plan and/or the plan's manager may change in accordance with the terms of the Offering Statement and Participation Agreement.
- If I have completed Section 10, 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: SMART529 Select, P.O. Box 55371, Boston, MA 02205-5371. 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 SMART529 SELECT PLAN 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 OR 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 RETURNS.

1	Internal Revenue Service does not require your consent to a avoid backup withholding.	ny provision of this document other than the certifications required
	GNATURE ure of Account Owner	
	Return this form and any other required documents to: SMART529 Select P.O. Box 55371 Roston MA 02205-5371	For overnight delivery or registered mail, send to: SMART529 Select 95 Wells Ave., Suite 155 Newton, MA 02459-3204



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