## SMART529 Select

## **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 SMART529 Select Account(s). You may also
  provide your Payroll Direct Deposit instructions when you log on to our website at www.SMART529Select.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 **1.877.486.9275**. Do not staple.

Fillable forms can be downloaded from our website at **www.SMART529Select.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:

SMART529 Select P.O. Box 55371 Boston, MA 02205-5371 SMART529 Select

For overnight delivery or registered mail, send to:

95 Wells Ave., Suite 155 Newton, MA 02459-3204

Account Number	Social Security Number or Taxpayer Identification Number ( <i>Required</i> )
Name of Account Owner (first, middle initial, last)	
Telephone Number (In case we have a question about your Account.)	

Payroll Dire	ect Deposit instructions	
Check one:	Add Payroll Direct Deposit Change An	nount Delete Payroll Direct Deposit (Skip to <b>Section 3</b> .)
Deduct \$,[ Account(s) as de		nd allocate the amount among my SMART529 Select
Important:	Check here if you are an employee of the State of West Vi	irginia.  State Agency/Department
Important: You than 3 Accounts	must allocate a minimum of \$25 to each Account per pay ps.	period. Please use an additional sheet if you have more
Account Number		\$, 0 0
Account Number		\$ Dollar Amount
Name of Designate	d Beneficiary (first, middle initial, last)	
Account Number		\$,
Signature —	ed Beneficiary (first, middle initial, last)  -YOU MUST SIGN BELOW  ave read and understand, consent, and agree to all the tern understand the rules and regulations governing SMART529	
SIGNATU	RE	
Signature of Accou	nt Owner	Date (mm/dd/yyyy)

