



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

Account Application

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

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.

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. 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) (m.i.)

Legal Name/Trustee (Last name)

If the Account Owner is a Business Entity/Trust



Account Owner information (Continued)

SSN or TIN (Required)

Birth Date/Trust Date (Required)

Trustee SSN or TIN (Required, if applicable)

Trustee Date of Birth (Required, if applicable)

Citizenship input field

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

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)

SSN or TIN (Required)

Birth Date (Required)

Citizenship input field

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 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)  (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. Agent authorization information (Optional)

- Complete this section to designate an agent with limited authority to act on your Account(s).
- You may only designate one level of authorization.
- If there is anything about this section that you do not understand, please call customer service at **1.866.574.3542** for assistance.

Check one.  Advisor  Other

A. Agent information

Name of Agent (first, middle initial, last)

Name of Agent (first, middle initial, last)

Firm Name (if applicable)

Firm Name (if applicable)

SSN/Advisor ID Number (If applicable)

SSN/Advisor ID Number (If applicable)

Telephone Number

Telephone Number

Mailing Address

Mailing Address

City

City

State

State

Zip Code

Zip Code

Email

Email

I certify that I am authorized to access and perform transactions in a SMART529 Select College Savings Plan (SMART529 Select) Account on behalf of the Account Owner listed in Section 2 of this Account Application in accordance with the authorization level selected in Section 6b.

SIGNATURE

Signature of Agent

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

B. Authorization level

I, the Account Owner listed in Section 2, appoint the Agent listed in Section 6a. (Please initial the appropriate level of access that applies to the Account).

Level 1 checkbox

Level 1 — Account Inquiry Access. To obtain information about my Account and receive duplicate Account statements from SMART529 Select.\*

Level 2 checkbox

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 checkbox

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 6a 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.

### 7. SMART529 Select Investment Option selection

- Before choosing your Investment Option(s), see the Offering Statement (*also available at [www.SMART529Select.com](http://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, 7–9, 10–12, 13–15, 16–18, 19+.

#### Class D Shares

Age-Based Portfolio

%

#### Static Portfolios:

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

All Equity DFA Portfolio

%

Aggressive Growth DFA Portfolio

%

Moderately Aggressive Growth DFA Portfolio

%

Growth DFA Portfolio

%

Moderate Growth DFA Portfolio

%

Balanced DFA Portfolio

%

Moderately Conservative DFA Portfolio

%

Conservative DFA Portfolio

%

Fixed Income DFA Portfolio

%

1-Year Fixed Income DFA Portfolio

%

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%

### 8. 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 (\$50.00 minimum)

B.  **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 9**. The maximum contribution through a one-time EFT is \$130,000. (*The amount below will be a one-time EFT contribution to open your Account*).

\$ ,.

Amount (\$25.00 minimum)

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 SMART529 Select Account. You may change the investment amount and frequency at any time by logging onto your Account at **www.SMART529Select.com** or by calling **1.866.574.3542**. Account Owners, family members, and friends can all contribute to a SMART529 Select Account through AIP. To add additional AIP instructions or multiple bank accounts, complete and include **Sections 8e** and **9** for each.

**Important:** To set up this option, you must provide bank information in **Section 9**.

**Amount of Debit:** \$       .     **0 0**  
Amount (\$25.00 minimum)

**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 on 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. A confirmation of this increase will be sent to you a month before it is scheduled for implementation.

**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 SMART529 Select Plans and will also count toward annual federal gift tax exclusion limits.

### 9. 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 of Bank Account Owner

Date (mm/dd/yyyy)

Joint Bank Account Owner's Name (first, middle initial, last)

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.



**10. Systematic Exchange Program** *(Optional)*

- By selecting this feature, you authorize SMART529 Select 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 SMART529 Select to exchange from the following Investment Option** *(Selected in Section 7).*

	\$					0	0
Investment Option		Amount <sup>†</sup>					
	\$					0	0
Investment Option		Amount <sup>†</sup>					
	\$					0	0
Investment Option		Amount <sup>†</sup>					

**To the following Investment Option(s)**

	\$					0	0
Investment Option		Amount <sup>†</sup>					
	\$					0	0
Investment Option		Amount <sup>†</sup>					
	\$					0	0
Investment Option		Amount <sup>†</sup>					

<sup>†</sup>Please specify only dollar amounts, not percentages.

## 11. 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 Prepaid Tuition and Savings Program, 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 9**, I authorize the West Virginia College Prepaid Tuition and Savings Program Board of Trustees 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.

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

□□ — □□ — □□□□

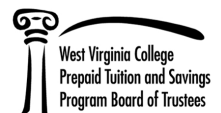
Date (mm/dd/yyyy)

Return this form and any other required documents to:

**SMART529 Select**  
**P.O. Box 55371**  
**Boston, 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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