

B. Authorization level

I, the Account Owner listed in **Section 2**, appoint the Agent listed in **Section 7a**. *(Please initial the appropriate level of access that applies to the Account).*

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 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 %

%

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.

Source of funds (Check all that apply).

A. **Personal check.**

Important: All checks must be payable to **SMART529**.

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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):

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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*).

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Amount (\$25.00 minimum)

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 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

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.

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.

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

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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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