





### 4. Bank information

Add                       Change                       Delete

- Complete this section if you are adding an AIP or EFT option to your Account or if you are changing your bank account information.
- AIP and EFT can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.

**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.

Account Type:                            
(Check One)      Checking                      Savings

Bank Name

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. UGMA/UTMA contributions will not be accepted into this Account. An additional account may be set up for this purpose.



### 6. Systematic Exchange Program (Optional)

- Complete this section if you want to systematically move a fixed-dollar amount between the same registered accounts on a regular basis. This feature is not available if participating in the Age-Based Portfolio.
- By selecting this feature, you authorize SMART529 Select Plan 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 business 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(s)**

	\$					.00	00
Investment Option		Amount**					
	\$					.00	00
Investment Option		Amount**					
	\$					.00	00
Investment Option		Amount**					

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

	\$					.00	00
Investment Option		Amount**					
	\$					.00	00
Investment Option		Amount**					
	\$					.00	00
Investment Option		Amount**					

\*\*Please specify only dollar amounts, not percentages.



**8. Signature — YOU MUST SIGN BELOW**

I certify that I have read and understand, consent, and agree to all terms and conditions of the Offering Statement and understand the rules and regulations governing distributions from the SMART529 Select Account. I also certify that the information provided on this form is accurate and hereby instruct SMART529 Select to distribute my Account as I have indicated.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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