

SMART529 Select Designated Beneficiary Change 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 form if you are transferring to a new Designated Beneficiary all or part of the balance in the Account of your current Designated Beneficiary.
- 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.

Important: To avoid adverse tax consequences on the Account transfer, the new Designated Beneficiary must be a Member of the Family of the former Designated Beneficiary, as defined in the SMART529 Select Offering Statement. If the new Designated Beneficiary is not an eligible family member, the change will be considered a non-qualified distribution, which means that it may be subject to both state and federal income tax and a 10% federal penalty tax on any earnings.

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

For overnight delivery or registered mail, send to:

SMART529 Select
95 Wells Ave., Suite 155
Newton, MA 02459-3204

1. Current account information

Account Number

Account Number

Name of Account Owner (first, middle initial, last)

Name of Account Owner (first, middle initial, last)

Telephone Number (In case we have a question about your Account.)

Telephone Number (In case we have a question about your Account.)

Name of Existing Designated Beneficiary (first, middle initial, last)

Name of Existing Designated Beneficiary (first, middle initial, last)

Designated Beneficiary Social Security Number or Taxpayer Identification Number (Required)

Designated Beneficiary Social Security Number or Taxpayer Identification Number (Required)

2. New Designated Beneficiary information

Legal Name (First name)

Legal Name (First name)

(m.i.)

Legal Name (Last name)

Legal Name (Last name)

Gender (Check one.): Male Female

Relationship to Account Owner (Check one.): Child Grandchild Other

Social Security Number or Taxpayer Identification Number (Required)

Social Security Number or Taxpayer Identification Number (Required)

Birth Date (mm/dd/yyyy) (Required)

Birth Date (mm/dd/yyyy) (Required)

Citizenship (Please provide country of citizenship, if Designated Beneficiary is a resident alien.)

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

Address

City

City

State

State

Zip Code

Zip Code



* SELECT BENE CHANGE *

3. Transfer amount (Check and complete **Section 3A** or **3B.**)

A. **Entire balance.** The SMART529 Select will change the Designated Beneficiary on your Account and will assign you a new Account number if you do not already have an Account for the new Designated Beneficiary. Once the transfer is completed, the old Account will be closed.

Do you already have an Account for the new Designated Beneficiary? (Check one.)

Yes. — **If yes, go directly to Section 3C.**

No. Complete Sections 4 and 5.

B. **Partial balance.** The SMART529 Select will keep the Account for the current Designated Beneficiary's Account open. The dollar amount you specify below will be transferred to the new Designated Beneficiary's Account.

Name of Investment Option	Dollar amount (For partial amounts.)	OR	Total balance (Check if applicable.)
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>

Do you already have an Account for the new Designated Beneficiary? (Check one.)

Yes. — **If yes, go directly to Section 3C.**

No. Complete Sections 4 and 5.

Note: If the amount you want transferred exceeds the maximum contribution limit, the excess will remain in the existing Account for your current Designated Beneficiary.

C. **Existing Account transfers.** Complete this section if you have selected "Yes" in Section 3A or 3B. If an option is not selected below, the transfer amount will be allocated according to the new Beneficiary's existing Portfolio allocation election.

(Check one.)

I want to transfer the assets in-kind. (An "in-kind" transfer is moving the Units from the current Beneficiary's Account to the new Beneficiary's Account without selling or buying Portfolios.) Go to **Section 5.**

I want to transfer and allocate the assets according to the new Beneficiary's current Investment Options. (By selecting this option, the current investments will be liquidated, and the funds will be deposited into the new Beneficiary's Account according to the future allocation instructions on the new Beneficiary's Account.) Go to **Section 5.**

I want to transfer the assets into the new Investment Option(s) selected in **Section 4.** (This will not change the future contribution allocation of the new Beneficiary's Account.) Go to **Section 4.**

Important: If you have already established an Account for the new Designated Beneficiary and provided the Account number above, proceed directly to **Section 5.** Otherwise, complete all remaining sections.

4. Investment Option selection

- Before choosing your Investment Option(s), see the Offering Statement (*available at www.SMART529Select.com*) for complete information about the Investment Options offered.

Note: See the Offering Statement (*available at www.SMART529Select.com*) for complete information on the Investment Option(s) you are considering.

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 %

1 0 0 %

5. ACCOUNT CERTIFICATION AND AUTHORIZATION — YOU MUST SIGN BELOW

- 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 Program and/or the Program’s manager may change in accordance with the terms of the Offering Statement and Participation Agreement.

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)*.

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 PROGRAM 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 NOR 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 RETURN.

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)

