

SMART529 Select Distribution Request Form



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

- Complete this form to request a full or partial, qualified or non-qualified distribution from your SMART529 Select Account. You must submit a separate form for each type of distribution you are requesting. The earnings portion of non-qualified distributions from your Account may be subject to federal income tax and a 10% federal penalty tax as well as state and local income taxes. See the SMART529 Select Offering Statement for more information and a listing of qualified distributions.

Note: You can also request a qualified distribution by telephone or online at www.SMART529Select.com.

- We are required to file IRS Form 1099-Q annually if you take a distribution from your SMART529 Select Account.
- 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.

Important: Your distribution will be held if a contribution is not on deposit for five (5) business days, or nine (9) business days if the address to which you've requested the distribution be sent has been changed. The distribution will be released when the specified waiting period has been satisfied. If you want the distribution released prior to the waiting period, a Notarized Signature is required in **Section 7**.

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. Account Owner information

—

Account Number

— —

Social Security Number or Taxpayer Identification Number *(Required)*

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

— —

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



4. Amount of distribution *(Choose one.)*

A. **Full balance.** Withdraw the entire amount held in all of the Investment Options in my Account, discontinue my Automatic Investment Program (AIP) *(if applicable)*, and close this Account.

Important: If you contribute to your Account through Payroll Direct Deposit, you must notify your employer to cancel these contributions.

B. **Partial amount of:**

\$, .

(Total distribution amount)

Important: If the dollar amount you indicate for a particular Investment Option exceeds the amount available for withdrawal, we will liquidate the entire balance of that Investment Option.

Distribute the amount listed above proportionately from among my current Investment Options, based on the current market value of all Investment Options in my account.

Distribute the amount listed above from the specific Investment Options designated below.

Name of Investment Option	Dollar amount <i>(For partial amounts.)</i>	OR	Total balance <i>(Check if applicable.)</i>
<input style="width: 100%;" 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="checkbox"/>
<input style="width: 100%;" 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="checkbox"/>
<input style="width: 100%;" 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="checkbox"/>
<input style="width: 100%;" 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="checkbox"/>
<input style="width: 100%;" 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="checkbox"/>
TOTAL:	\$ <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"/>		

5. Bank information

- Complete this section if you are adding an EFT option to your Account or if you are changing your bank account information.
- EFT transactions 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.

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

6. 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)

7. Signature and notarization— YOU MUST SIGN BELOW

I authorize the above named person to access information on the accounts listed. I agree to indemnify and hold harmless the West Virginia College Prepaid Tuition and Savings Program Board of Trustees or a designated agent, Hartford Funds Management Company, LLC and its affiliates and subsidiaries for any loss, liability or expense incurred from acting on these instructions.

I understand that I may receive financial statements from the registered investment professional and SMART529 covering the same account transactions. SMART529 has no responsibility for the content of financial statements prepared by third parties.

I certify that the information provided on this form is true and complete in all respects. This authorization shall remain in full effect until SMART 529 receives notice of my revocation in writing.

SIGNATURE

Signature of Account Owner

– –

Date (mm/dd/yyyy)

Your signature must be notarized. See below.

STATE OF _____)

)ss.:

COUNTY OF _____)

This document was acknowledged before me on _____ (date) by _____ (name of Account Owner), who certifies the correctness of the signature of the Account Owner.

SIGNATURE

Signature of Notary

– –

Date (mm/dd/yyyy)

Name of Notary (first, middle initial, last)

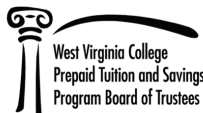
My commission expires:

– –

Date (mm/dd/yyyy)

Notary to place seal here

Applies to signature in **Section 7.**



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