SMART529 Select

Trustee Certification Form

SMART529 is a program of the West Virginia College Prepaid Tuition and Savings Program Board of Trustees and is administered by Hartford Life Insurance Company

Please complete this form in its entirety if:

- You are applying for a SMART529 Select Account where the Account Owner and/or Beneficiary will be a trust.
- You are changing the Account Owner and/or Beneficiary of an existing SMART529 Select Account to a trust.
- You are modifying the trust information previously provided to SMART529 Select.

Note: All trust information must reflect the same information listed on the application. This form cannot be used as an application supplement.

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.

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. Trust Information

Name of Trust

Account Number *(if available)*

Trust Mailing Address

City

State

Zip Code

Trust Tax Identification Number

Date of Trust

State Where Trust Was Created

2. Grantor Trust Information (AKA Trustor/Settlor Trust)

- Complete this section only if the trust is a Grantor Trust.
- Please use an additional form to list the additional grantors.
- By completing this section, you acknowledge the above named trust is a Grantor Trust (as described in Internal Revenue Code sections 671-679) for income tax reporting purposes. If your trust is a Grantor Trust, you must provide information about the Grantor by completing Section B. Grantor Information. Please consult your legal advisor to determine whether your trust is a Grantor Trust. Please be aware, SMART529 Select does not provide tax or legal advice and as such will be unable to determine if your trust is a Grantor Trust.
- If this section is not completed, SMART529 Select will deem this to mean your trust is not a Grantor Trust and will issue income tax reporting in accordance with this understanding.

Grantor Information

Name of Grantor *(first, middle initial, last)*

Grantor's Social Security Number

Grantor's Date of Birth *(mm/dd/yyyy)*

Grantor's Residential Phone Number

Grantor's Residential Address

City

State

Zip

Co-Grantor Information *(if applicable)*

Name of Co-Grantor *(first, middle initial, last)*

Co-Grantor's Social Security Number

Co-Grantor's Date of Birth *(mm/dd/yyyy)*

Co-Grantor's Residential Phone Number

Co-Grantor's Residential Address

City

State

Zip

3. Authorized Trustee(s)

- Please list all of the current trustees named under the Trust.
- If there are more than three trustees named, please use an additional form to list the additional trustees.

Trustee Information

Name of Trustee *(first, middle initial, last)*

Trustee's Social Security Number

Trustee's Date of Birth *(mm/dd/yyyy)*

Citizenship: ☐ USA ☐ Resident Alien ☐ Non-Resident Alien (Complete IRS Form W-8BEN)

Trustee's Residential Phone Number

Trustee's Residential Address

City

State

Zip

Co-Trustee Information

Name of Co-Trustee *(first, middle initial, last)*

Co-Trustee's Social Security Number

Co-Trustee's Date of Birth *(mm/dd/yyyy)*

Citizenship: ☐ USA ☐ Resident Alien ☐ Non-Resident Alien (Complete IRS Form W-8BEN)

Co-Trustee's Residential Phone Number

Co-Trustee's Residential Address

City

State

Zip

Authorized Trustee(s) *(Continued)*

Co-Trustee Information

Name of Co-Trustee *(first, middle initial, last)*

Co-Trustee's Social Security Number

Co-Trustee's Date of Birth *(mm/dd/yyyy)*

Citizenship: USA Resident Alien Non-Resident Alien (Complete IRS Form W-8BEN)

Co-Trustee's Residential Phone Number

Co-Trustee's Residential Address

City

State

Zip

4. Authority of Trustees to Act on Behalf of the Trust *(Select Only One Option)*

- Please check the appropriate box so that SMART529 Select can identify who has the authority to act on behalf of the trust.
- If nothing is entered in this section, SMART529 Select will deem this to mean that all trustees must act together on behalf of the trust until we are instructed otherwise.

All trustees may act independently on behalf of the trust.

All trustees must act together on behalf of the trust.

A majority of trustees may act on behalf of the trust.

Other (please explain)

5. Revocable or Irrevocable Trust

The trust is:

Irrevocable and is in full force and in effect;

OR

Revocable and is in full force and in effect.

6. Simple or Complex Trust

The trust is:

A Simple Trust;

OR

A Complex Trust.

7. Certifications and Acknowledgement

The Trustee(s) hereby certify, acknowledge and understand that:

1. Neither SMART529 Select nor anyone acting as an agent of SMART529 Select is responsible to determine the authority of the Trustee(s) or inquire into, or review the provisions of the Trust, and shall not be charged with knowledge of the terms of the Trust;
2. Beneficial interests under the Trust can and will only be established for persons who (i) are related to the Account Owner by blood or by law, (ii) have a substantial interest in the Account Owner engendered by love and affection, or (iii) hold a lawful and substantial economic interest in the continued life of the Account Owner;
3. SMART529 Select will rely upon this certification and will not be held liable for any act taken by it pursuant to and in reliance upon this certification and upon the representations made herein;
4. There are no other trustees of the Trust other than the ones named in this form.
5. The trustee(s) agrees to notify SMART529 Select in writing of any amendment to the Trust, any change in the composition of the trustees or any other event that may alter the certifications contained herein and that SMART529 Select may rely on the validity of this certification absent receipt of such notice; and
6. The undersigned trustee(s) agrees, on behalf of the above named trust, to indemnify and hold harmless SMART529 Select, its agents and employees from all loss, expense, costs and liability of any nature that may arise as a result of any action taken by SMART529 Select, its agents or employees in reliance upon this certification.
7. Neither SMART529 Select nor its agents or employees provide tax or legal advice and make no representations as to the application of any lookback/incident of ownership requirements that may be applied to this policy. As with all matters of a tax or legal nature, clients should consult their own tax or legal counsel for advice.

8. Signatures

- **PLEASE NOTE:** All named Trustees must sign. If there are more than three trustees named, please use an additional form for additional trustees signatures.

SIGNATURE

Signature of Trustee

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

Title *(If Applicable)*

SIGNATURE

Signature of Co-Trustee

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

Title *(If Applicable)*

SIGNATURE

Signature of Co-Trustee

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

Title *(If Applicable)*

Clear all fields

West Virginia College Prepaid Tuition and Savings Program Board of Trustees