

Account Owner information *(Continued)*

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

--
Birth Date/Trust Date (mm/dd/yyyy) **(Required)**

--
Trustee Social Security Number or Taxpayer Identification Number **(Required, if applicable)**

--
Trustee Date of Birth (mm/dd/yyyy) **(Required, if applicable)**

Citizenship *(Please provide country of citizenship, if you are a resident alien)*

Role *(Check one):* Owner Authorized Signer Both Owner and Authorized Signer

%
Percentage of ownership

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

Email Address

Permanent Street Address *(A P.O. box is not acceptable)*

City

-
State Zip Code

Account Mailing Address if different from above *(This address will be used as the Account's address of record and for all Account mailings)*

City

-
State Zip Code

Gender *(Check one):* Male Female

Relationship to Designated Beneficiary *(Check one):* Parent Grandparent Other

3. Designated Beneficiary information *(The person whose qualified higher education expenses may be paid from the Account)*

Legal Name *(First name)* *(m.i.)*

Legal Name *(Last name)*

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

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

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

City

-
State Zip Code

Gender *(Check one):* Male Female

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

4. SMART529 Bright Babies Program

- If your Designated Beneficiary is a West Virginia resident and was born on or after January 1, 2015 (or if your Designated Beneficiary was adopted on or after January 1, 2015) and your Account is opened within one year of your Designated Beneficiary’s birth (or adoption), your Account may be eligible to receive a one-time incentive contribution of \$100 from the SMART529 Bright Babies Program. See the Offering Statement for more information.
- To be considered for the program, check off the applicable box(es) below.

I certify that the Designated Beneficiary named in **Section 3** meets the criteria of the SMART529 Bright Babies Program, as outlined in the Offering Statement.

I certify that the Designated Beneficiary named in **Section 3** was legally adopted on — — Adoption Date (mm/dd/yyyy)

5. Successor Account Owner information (Optional, but recommended).

- If you choose to complete **Section 5**, you are required to provide full legal name and date of birth.
- The Successor Account Owner will take control of the Account in the event of the Account Owner’s death or disability. The Successor Account Owner has no rights in regard to the Account and cannot direct any changes, transfers, or cancellations, except in the event of the death or disability of the Account Owner.
- You may revoke or change the Successor Account Owner at any time. See the Offering Statement for more information.
- The Successor Account Owner **must be at least 18 years old, or a corporation, partnership, trust, or other entity.**

Legal Name (First name) (m.i.)

Legal Name (Last name)

If the Account Owner is a Business Entity/Trust

— — Social Security Number or Taxpayer Identification Number

— — Birth Date/Trust Date (mm/dd/yyyy)

— — Telephone Number

Address

City State Zip Code

Gender (Check one): Male Female

Relationship to Account Owner (Check one): Spouse Parent Other

6. SMART529 WV Direct Investment Option selection

- Before choosing your Investment Option(s), see the Offering Statement (*also available at www.SMART529.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: 0–8, 9–13, 14–15, 16–17, 18+.

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.

Aggressive Growth Portfolio

%

Growth Portfolio

%

Balanced Portfolio

%

Conservative Balanced Portfolio

%

Conservative Bond Portfolio

%

Individual Portfolios:

The assets will remain in the portfolio(s) you select until you exchange them into a new Investment Option.

500 Index Fund

%

Stable Value Portfolio

%

%

7. Contribution Method

- 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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B. **Rollover from another 529 plan, Education Savings Account (ESA), or qualified savings bond to SMART529**

WV Direct. 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.SMART529.com** or by calling **1.866.574.3542.**

C. **Payroll Direct Deposit.** If you want to make contributions to your SMART529 WV Direct 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 SMART529 WV Direct Account until you have received a **Payroll Direct Deposit Confirmation Form** from SMART529 WV Direct, 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.

\$

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 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 8.** The maximum contribution through a one-time EFT is \$130,000. (The amount below will be a one-time EFT contribution to open your Account).

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- E. **Automatic Investment Program (AIP).** You can have a set amount automatically transferred from your bank account on the frequency you specify. Money will be transferred electronically at regular intervals from your bank, savings and loan, or credit union account to your SMART529 WV Direct Account. You may change the investment amount and frequency at any time by logging onto your Account at www.SMART529.com or by calling **1.866.574.3542**. Account Owners, family members, and friends can all contribute to a SMART529 WV Direct Account through AIP. To add additional AIP instructions or multiple bank accounts, complete and include **Sections 7e** and **8** for each.

Important: To set up this option, you must provide bank information in **Section 8**.

Amount of Debit: \$.

Frequency *(Check one)*: Monthly Quarterly Semi-Annual Annual

Start Date:* - -

Date (mm/dd/yyyy)

*The Program must receive instructions at least 3 days prior to the indicated start date; otherwise, debits from your bank account will begin the following month on the day specified. 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.

- Annual Increase.** You may increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated. A confirmation of this increase will be sent to you a month before it is scheduled for implementation.

Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market.

Amount of increase: \$.

Month:**

**The month in which your AIP contribution will be increased. The first increase will occur at the first instance of the month selected. Annual AIP increases are subject to the general contribution limits of SMART529 WV Direct Plans and will also count toward annual federal gift tax exclusion limits.

8. 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.

9. ACCOUNT CERTIFICATION AND AUTHORIZATION

- Investments in the SMART529 WV Direct 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 Prepaid Tuition and Savings Program, The Hartford Life Insurance Company 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 WV Direct 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 8**, I authorize the West Virginia College Prepaid Tuition and Savings Program Board of Trustees or its designated agent, The Hartford Life Insurance Company 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 WV Direct, P.O. Box 55362, Boston, MA 02205-5362**. 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 WV DIRECT 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 THE HARTFORD LIFE INSURANCE COMPANY 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

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Return this form and any other required documents to:

SMART529 WV Direct
P.O. Box 55362
Boston, MA 02205-5362

For overnight delivery or registered mail, send to:

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



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