





**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](http://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: 0-3, 4-6, 7-9, 10-11, 12-13, 14-15, 16, 17, and 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

%

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%





### 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 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. 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, 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 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, Hartford Funds Management Company, LLC 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 HARTFORD FUNDS MANAGEMENT COMPANY, LLC 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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