

# **Employer Group Verification Form**

Questions? Customer Service: 1.866.574.3542 Monday through Thursday, 8 a.m. to 7 p.m. ET Friday, 8 a.m. to 6 p.m. ET Internet Access at: www.hartfordfunds.com

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 to establish a new Employer Group. Please see the Offering Statement for more information.
- 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 **1.888.802.0033**. Do not staple.

Fillable forms can be downloaded from our website at **www.hartfordfunds.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: The Hartford SMART529 P.O. Box 55359

Boston, MA 02205-5359

For overnight delivery or registered mail, send to:

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

# Employer Group Information

Name of Employer, Association, or Group			Present Number of Ac	tive Employees or Members
Street Address				
City		State Zip	Code	
Telephone Number	Fax Number			State of Domicile
Name of Employer Group Contact Person				
Email Address				
Telephone Number				

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## 2. **Financial Advisor Information**

Name of Financial Advisor			
Representative ID Number			
Firm Name			
Street Address			
City		State Zip Code	
Telephone Number	Fax Number		
Email Address			

### 3. Signature — Must Sign Below

By signing below, I certify that all of the information provided on this form is complete and correct. In addition, I certify that this Employer Group is eligible for this program, pursuant to the eligibility requirements set out in the Offering Statement.

SIGNATURE		
Signature of Employer Group Contact	Date (mm/dd/yyyy)	
SIGNATURE		
Signature of Financial Advisor	Date ( <i>mm/dd/yyyy</i> )	

#### 4. New Account Owners to be Established Under Employer Group

All new account applications submitted as part of Employer Group sales must be accompanied by a copy of this form with the new account owner name noted in the space provided below:

New Account Owner Name
Social Security Number or Taxpayer Identification Number
New Account Owner Name
Social Security Number or Taxpayer Identification Number
New Account Owner Name
Social Security Number or Taxpayer Identification Number
New Account Owner Name
Social Security Number or Taxpayer Identification Number

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