THE HARTFORD® SMART529®
Offered by the Board of Trustees of the West Virginia College and Jumpstart Savings Programs

The Hartford SMART529

Broker Dealer Change Request Form

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

- Please complete this form to authorize the change of the Financial Advisory firm listed on your The Hartford SMART529 Account.
- If your account is associated with an employer group and you choose to change your financial advisor to someone other than the advisor listed for that specific group, you will be charged an up-front sales charge on any future contributions.
- Investments may be made through Financial Advisors that have entered into a selling agreement with Hartford Securities Distribution Company, Inc.
- 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 **1.888.802.003**3. 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

1. Account information

This change applies to:

☐ All of your accounts ☐ List of accounts attached ☐ Individual account

Note: Regardless of the option you select, complete **Section 1**.

Account Number

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

2. Existing Financial Advisor information

Firm Name

Financial Advisor Name *(first, middle initial, last)*

Branch Number *(if applicable)* Advisor ID Number/IRD Number

Mailing Address

City State Zip Code

Email Address

Telephone Number

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SMART529 BD CHANGE

3. New Financial Advisor information *(To be completed by the Financial Advisor.)*

Firm Name

Financial Advisor Name *(first, middle initial, last)*

Branch Number *(if applicable)*

Advisor ID Number/IRD Number

Mailing Address

City

State

Zip Code

Email Address

Telephone Number

4. SIGNATURE — MUST SIGN BELOW

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of The Hartford SMART529 College Savings Plan Offering Statement.

SIGNATURE

Signature of Account Owner

Date *(mm/dd/yyyy)*

SIGNATURE

Signature of Financial Advisor

Date *(mm/dd/yyyy)*

SIGNATURE

Signature of Principal

Date *(mm/dd/yyyy)*

Clear all fields

HARTFORDFUNDS

The Board of Trustees of the West Virginia College and Jumpstart Savings Programs