The Hartford SMART529

Payroll Direct Deposit 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

- Complete this section to add, change, or delete Payroll Direct Deposit instructions on your The Hartford SMART529 Account(s). You may also provide your Payroll Direct Deposit instructions when you log on to our website at **www.hartfordfunds.com.** *(If you have not established an Account, you must also complete and enclose an **Account Application.**)*
- After we process this form, you will receive a **Payroll Direct Deposit Confirmation Form,** which you must sign and submit to your employer's payroll department.
- Your Payroll Direct Deposit instructions will not take effect until your employer has accepted your signed form.
- 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

1. Account Owner information

Account Number

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

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

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

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"SMART529" is a registered trademark of West Virginia College Prepaid Tuition and Savings Program Board of Trustees.

SMART529 PAYROLL DEPOSIT

2. Payroll Direct Deposit instructions

Check one: ☐ Add Payroll Direct Deposit ☐ Change Amount ☐ Delete Payroll Direct Deposit *(Skip to **Section 3.**)*

Deduct $ ___,______.0 0 from my paycheck each pay period and allocate the amount among my The Hartford SMART529 Account(s) as detailed below.

☐ **Important:** Check here if you are an employee of the State of West Virginia.

State Agency/Department

Important: You must allocate a minimum of $25 *($15 for West Virginia residents)* to each Account per pay period. Please use an additional sheet if you have more than 3 Accounts.

Account Number __________ – __ Dollar Amount $ ___,______.0 0

Name of Designated Beneficiary *(first, middle initial, last)*

Account Number __________ – __ Dollar Amount $ ___,______.0 0

Name of Designated Beneficiary *(first, middle initial, last)*

Account Number __________ – __ Dollar Amount $ ___,______.0 0

Name of Designated Beneficiary *(first, middle initial, last)*

3. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all the terms and conditions of the The Hartford SMART529 College Savings Plan Offering Statement and understand the rules and regulations governing The Hartford SMART529.

SIGNATURE

Signature of Account Owner

Date *(mm/dd/yyyy)*

Clear all fields

HARTFORDFUNDS

West Virginia College Prepaid Tuition and Savings Program Board of Trustees