

**Account Application** 

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.SMART529.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

#### **Residency of the Designated Beneficiary or Account Owner:**

To be eligible for enrollment in the SMART529 WV Direct College Savings Plan (SMART529 WV Direct), either the Designated Beneficiary or the Account Owner must be a West Virginia resident. Proof of residency may be required. Please refer to your SMART529 WV Direct College Savings Plan Offering Statement (Offering Statement) for the definition of residency.

**Important Information About Procedures for Opening a New Account.** To fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account. What this means for you is that when you open an Account, you will be asked to provide your name, address, date of birth, and other information that identifies you, such as a Social Security number or a Tax Identification number.

• Type in your information and print out the completed application, or print clearly, preferably in capital letters and black ink. Mail the application to the address on the last page. Do not staple.

| Acc     | ount                        | type  | <b>;</b>                     |                               |                       |                       |                         |                               |                            |                |                    |                      |                        |                     |                      |                     |                      |                       |                    |                         |                     |                      |                            |                               |                              |                             |                     |            |                      |                      |                       |                 |      |     |
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|         | least                       | 18 yea  | ars o                        | ld. Pi                        | leas                  | е сог                 | nple                    | te tl                         | ne fo                      | ollov          | ving               | g foi                | r an                   | y au                |                      |                     |                      |                       |                    |                         |                     |                      |                            |                               |                              |                             |                     |            |                      |                      |                       |                 |      |     |
|         |                             |   |                              |                               |                       |                       |                         |                               |                            | 7              |                    |                      |                        |                     |                      |                     |                      |                       |                    |                         |                     |                      |                            |                               |                              |                             |                     |            |                      |                      |                       |                 |      |     |
| Legal I | Name/                       | Trustee   | (First                       | name                          | <u> </u>              |                       |                         |                               |                            |                |                    |                      |                        |                     |                      |                     |                      |                       |                    |                         |                     |                      |                            |                               |                              |                             |                     |            | -                    |                      |                       | _               |      | (m. |
|         |                             |   |                              |                               |                       |                       |                         |                               |                            |                |                    |                      |                        |                     |                      |                     |                      |                       |                    |                         |                     |                      |                            |                               |                              |                             |                     |            |                      | 7                    | $\neg \Gamma$         | $\neg$ [        |      |     |
| Legal   | — □<br>Name/⁻               | ⊐ ∟<br>Trustee                                      | (Last                        | ь<br>name                     | )                     |                       | ш                       |                               |                            |                |                    |                      |                        |                     |                      |                     |                      |                       |                    |                         |                     |                      |                            |                               |                              |                             |                     |            | J L                  |                      |                       |                 |      |     |
|         |                             |   |                              |                               |                       |                       |                         |                               |                            |                |                    |                      |                        |                     |                      |                     |                      |                       |                    |                         |                     |                      |                            |                               | 1                            |                             | $\neg$ [            |            |                      | 7                    | $\neg \Gamma$         |                 |      |     |
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| Account Owner information (Continued)   |
|---|
|   |
| Social Security Number or Taxpayer Identification Number ( <b>Required</b> ) Birth Date/Trust Date (mm/dd/yyyy) ( <b>Required</b> )   |
|   |
| Trustee Social Security Number or Taxpayer Identification Number ( <i>Required, if applicable</i> )  Trustee Date of Birth ( <i>mm/dd/yyyy</i> ) ( <i>Required, if applicable</i> )   |
|   |
| 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 <b>not</b> 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   |
|   |
| Gender (Check one): Male Female  Relationship to Designated Beneficiary (Check one): Parent Grandparent Other   |
| Gender (Check one):   |
| Gender (Check one): Male Female  Relationship to Designated Beneficiary (Check one): Parent Grandparent Other   |
| Gender (Check one): Male Female  Relationship to Designated Beneficiary (Check one): Parent Grandparent Other   |
| Gender (Check one): Male Female  Relationship to Designated Beneficiary (Check one): Parent Grandparent Other  Designated Beneficiary information (The person whose qualified higher education expenses may be paid from the Account).  |
| Gender (Check one): Male Female  Relationship to Designated Beneficiary (Check one): Parent Grandparent Other  Designated Beneficiary information (The person whose qualified higher education expenses may be paid from the Account).  |
| Gender (Check one): Male Female  Relationship to Designated Beneficiary (Check one): Parent Grandparent Other  Designated Beneficiary information (The person whose qualified higher education expenses may be paid from the Account).  Legal Name (First name) (m.i.,  |
| Gender (Check one): Male Female  Relationship to Designated Beneficiary (Check one): Parent Grandparent Other  Designated Beneficiary information (The person whose qualified higher education expenses may be paid from the Account).  Legal Name (First name) (m.i.,  |
| Gender (Check one): Male Female  Relationship to Designated Beneficiary (Check one): Parent Grandparent Other  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)   |
| Gender (Check one): Male Female  Relationship to Designated Beneficiary (Check one): Parent Grandparent Other  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)   |
| Gender (Check one): Male Female  Relationship to Designated Beneficiary (Check one): Parent Grandparent Other  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)   |
| Gender (Check one):  Male  Female  Relationship to Designated Beneficiary (Check one):  Parent  Grandparent  Other  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)  Birth Date (mm/dd/yyy) (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:   |
| Gender (Check one): Male Female  Relationship to Designated Beneficiary (Check one): Parent Grandparent Other  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).  |
| Gender (Check one):  Male  Female  Relationship to Designated Beneficiary (Check one):  Parent  Grandparent  Other  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)  Birth Date (mm/dd/yyy) (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:   |
| Gender (Check one):  Male Female  Relationship to Designated Beneficiary (Check one):  Parent Grandparent Other  Designated Beneficiary information (The person whose qualified higher education expenses may be paid from the Account).  Legal Name (First name)  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 |

# 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 <b>Section 3</b> meets the criteria of the SMART529 Bright Babies Program, as outlined in the Offering Statement.  |
| I certify that the Designated Beneficiary named in <b>Section 3</b> was legally adopted on Adoption Date (mm/dd/yyyy)   |
| Successor Account Owner information (Optional, but recommended).  |
| • If you choose to complete <b>Section 5</b> , 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   |
| The the Account Owner is a dustriess 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   |

| Trusted C   |  |  |  |   |  |                                    |                 |                                |                                   |                     |                                    |       |                         |                            |  |       |              |                     |                     |              |            |        |                      |         |             |      |      |      |
|---|--|--|--|---|--|------------------------------------|-----------------|--------------------------------|-----------------------------------|---------------------|------------------------------------|-------|-------------------------|----------------------------|--|-------|--------------|---------------------|---------------------|--------------|------------|--------|----------------------|---------|-------------|------|------|------|
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| Name of Trust   | ted Con  | tact P   | erson  | (first                                  | t, mida                                | lle init                           | tial, la        | ast)                           |                                   |                     |                                    |       |                         |                            |  |       |              |                     |                     |              |            |        |                      |         |             |      |      |      |
|   | <b>7</b> —   |  |  |   | _                                      |                                    |                 |                                |                                   |                     |                                    |       |                         |                            |  |       |              |                     |                     |              | 1_         | - [    |                      |         |             | _ [  |      |      |
| Trusted Contac  | ∟<br>ict Pers  | on's P   | rimar  | y Tele                                  | ephon                                  | e Nun                              | nber            |                                |                                   |                     |                                    |       |                         |                            |  |       | T            | ruste               | ed C                | onta         | ⊐<br>ct Pe | rson's | s Mol                | oile Te | <br>elepl   | hone | Num  | oer  |
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| Trusted Contac  | ct Pers  | on's E   | mail /   | \ddre                                   | ess                                    |                                    |                 |                                |                                   |                     |                                    |       |                         |                            |  |       |              |                     |                     |              |            |        |                      |         |             |      |      |      |
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| Trusted Contac  | ct Pers  | on's N   | 1ailin   | g Add                                   | dress                                  |                                    |                 |                                |                                   |                     |                                    |       |                         |                            |  |       |              |                     |                     |              |            |        |                      |         |             |      |      |      |
|   |  |  |  |   |  |                                    |                 |                                |                                   |                     |                                    |       |                         |                            |  |       |              |                     |                     |              |            |        |                      |         |             | - [  |      |      |
| City  |  |  |  |   |  |                                    |                 |                                |                                   |                     |                                    |       |                         |                            |  | Sta   | ate          |                     |                     | Zip          | Code       |        |                      |         |             |      |      |      |
| Relationsh  | nip to   | Acc  | oun  | t Ov                                    | vnei                                   | r.                                 |                 |                                |                                   |                     |                                    |       |                         |                            |  |       |              |                     |                     |              |            |        |                      |         |             |      |      |      |
| Advisor   |  |  | \ <sub>\(\psi\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</sub>                    | ornev                                   | ,                                      |                                    | 7 .             | amily                          | Mem                               | har                 |                                    |       | Fri                     | end                        |  |       |              | Sn                  | ous                 | 0            |            |        |                      | )ther   |             |      |      |      |
| Advisor   |  |  | ] /110   | orricy                                  | y                                      |                                    | ַ ''            | aiiiiy                         | IVICIII                           | DUI                 |                                    |       | ''''                    | GHU                        |  |       |              | ] ob                | Jous                |              |            |        |                      | 711101  |             |      |      |      |
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| • You must  |  | ate a  | t lea  | st <b>1</b> '                           | seled<br><b>%</b> of                   | your                               | con             | ntrib                          | ution                             |                     |                                    |       |                         |                            |  |       |              |                     |                     |              |            |        |                      | •       |             |      | es o | nly. |
|   | allocat  | ate ant per<br>tfolition o   | t lea<br>rcent<br>o:<br>f mo   | st <b>1</b> '<br>tage                   | seled<br>% of<br>es mu                 | ted h<br>your<br>st to             | con<br>tal 1    | ntribi<br>100%<br>ne A         | ution<br><b>6.</b><br>ge-B        | s to<br>aseo        | each                               | n Inv | estm<br>io is           | nent                       | Opt  | ion t | tha          | t yo                | u cl                | noos<br>Love | se. U      | lse v  | vhol                 | e pe    | rcei<br>e m | ntag | cons | erva |
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| • You must<br>• Your invest<br>• Your invest<br>• Age-Based<br>The asset a<br>the Designa<br>14-15, 16, 17  | alloca<br>estmer<br>d Por<br>illocat<br>ated B<br>7, and   | ate ant per<br>tfolition of denef  | t lea<br>rcent<br>o:<br>f mo<br>iciary                                   | st <b>1</b> '<br>tage                   | seled<br>% of<br>es mu                 | ted h<br>your<br>st to             | con<br>tal 1    | ntribi<br>100%<br>ne A         | ution<br><b>6.</b><br>ge-B        | s to<br>aseo        | each<br>d Por<br>e-Bas             | tfoli | estm<br>io is           | auto<br>olio               | Opt<br>omat<br>cons  | ion t | tha          | t yo                | u cl                | noos<br>Love | se. U      | lse v  | vhol                 | e pe    | rcei<br>e m | ntag | cons | erva |
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| • You must • Your invest • Your invest  Age-Based The asset a the Designa 14-15, 16, 13  Age-Based  Static Port   | d Portional and the street of  | ate ant per<br>tfolition of senef<br>18+.  | t lea<br>rcent<br>o:<br>f mo<br>iciary                                   | st <b>1</b><br>tage                     | selec<br>% of<br>es mu<br>inve<br>proa | ted hyour                          | tal 1<br>in the | ntribi<br>100%<br>ne A<br>ege. | ution<br><b>6.</b><br>ge-B<br>The | s to<br>asec<br>Age | each<br>d Por<br>e-Bas<br><b>C</b> | n Inv | io is a                 | auto<br>olio<br><b>Sha</b> | Opt  mat cons  res   | ion i | tha          | t yo<br>djus<br>the | u cl<br>stec<br>fol | l ove        | ee. U      | lse v  | vhol<br>o be<br>ons: | e pe    | rcei<br>e m | ntag | cons | erva |
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### 8. 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). Personal check. Important: All checks must be payable to SMART529. 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. 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. 0 || 0 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 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 9. The maximum contribution through a one-time EFT is \$160,000. (The amount below will be a one-time EFT contribution to open your Account).

| ogram (AIP). You can have a set amount automatically transferred from your bank account on the new will be transferred electronically at regular intervals from your bank, savings and loan, or credit RT529 WV Direct Account. You may change the investment amount and frequency at any time by at www.SMART529.com or by calling 1.866.574.3542. Account Owners, family members, and a SMART529 WV Direct Account through AIP. To add additional AIP instructions or multiple bank lude Sections 8e and 9 for each. |
|--|
| ption, you must provide bank information in <b>Section 9</b> .   |
| \$   |
| Monthly Quarterly Semi-Annual Annual   |
|  |
| instructions at least 3 days prior to the indicated start date; otherwise, debits from your bank owing month on the day specified. The start date must fall between the 1st and the 28th of the pecified, this option will begin the month following the receipt of this request, on the 10th day of your quarterly statements for details of these transactions.  |
| y increase your AIP contribution automatically on an annual basis. Your contribution will be nonth that you specify by the amount indicated. A confirmation of this increase will be sent to neduled for implementation.   |
| estment cannot assure a profit or protect against a loss in a declining market.  |
| \$   |
|  |

<sup>\*\*</sup>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.

## 9. Bank Information

Required to establish the EFT or AIP service.

| <b>Important:</b> By signing this paperwork, you agree and confirm that your use of the in transfers to or from a financial institution outside of the United States. You also if any changes to your status occur that may require funds to be sent to or from a | understand i  | it is your responsi          | bility to notify | / The Hartford |
|---|---------------|------------------------------|------------------|----------------|
| Bank Name   |               | Account Type:<br>(Check One) | Checking         | Savings        |
| Bank Routing Number  Bank Account Number  |               |                              |                  |                |
| If applicable, authorization from a joint bank account owner is required to add   | bank instruct | tions on the acco            | unt.             |                |
| 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.

#### 10. 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 and Jumpstart Savings Programs,
  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 9**, I authorize the Board of Trustees of the West Virginia College and Jumpstart Savings Programs 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.

| Internal Revenue Service does not require your consent to a void backup withholding. | ny provision of this document other than the certifications required    |
|--|---|
| GNATURE ure of Account Owner   | Date (mm/dd/yyyy)   |
| Return this form and any other required documents to:                                | For overnight delivery or registered mail, send to:                     |
| SMART529 WV Direct<br>P.O. Box 55362<br>Boston, MA 02205-5362                        | SMART529 WV Direct<br>95 Wells Ave., Suite 155<br>Newton, MA 02459-3204 |



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