Hartford Funds Account Application

HARTFORDFUNDS
Our benchmark is the investor.®

Important Notice – The USA PATRIOT Act

To help the government 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. In some cases, Federal law also requires us to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

What this means to you: When you open an account, we will ask for names, addresses, dates of birth, and other information that will allow us to identify you and certain other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

In some cases it may be necessary for you to provide documentary evidence, such as an image of your driver's license or passport, to satisfy the identity verification requirement.

Purpose

To open a non-retirement account.

Special Note

Hartford Funds does not accept new accounts in share classes A or C that do not have a designated financial professional. Therefore, this application will be rejected if Section N is not completed in its entirety.

Section A - Account Registration

Please select one of the registration types below:

1. Individual Investors

- ☐ Individual
- ☐ Joint Tenants with Rights of Survivorship
- ☐ Tenants in Common
- ☐ Transfer on Death (TOD)
- ☐ UGMA/UTMA State __________
- ☐ Power of Attorney (POA)

Note: If you are opening an account with TOD, you will need to complete the: Hartford Funds Transfer on Death (TOD) Form, (MF-10002).

Owner/Custodian Name		Joint Owner (if applicable)		
Owner/Custodian's Date of Birth (mm/dd/yyyy)		Joint Owner's Date of Birth (mm/dd/yyyy) (if applicable)		
Social Security Number	Telephone Number	Joint Owner's Social Security Number (if applicable)		
Owner Email Address				
Residential Address (P.O. Boxes not allowed)		City	State	ZIP Code
Mailing Address (if different than residential address)		City	State	ZIP Code

Complete for additional Joint Owners, Minor on an UGMA/UTMA, and Power of Attorney (POA)

Name of Joint Owner, Minor, or POA	Social Security Number	Date of Birth (mm/dd/yyyy)	
Physical Address (P.O. Boxes not allowed)	City	State	ZIP Code

Note: If you are opening an account with a POA, you will need to complete the: Hartford Funds Power of Attorney (POA) Form, (MF-10102).

2. Trust Accounts

Name of Trust	Tax Identification Number (TIN)	Date of Trust Agreement

Note: If you are opening an account in the name of a trust you must also complete the: Hartford Funds Trustee Certification Form (MF-10092).

3. Legal Entities

☐ Limited Liability Company ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Non-Profit ☐ Statutory Trust
☐ Sole Proprietorship ☐ Regulated Financial Institution ☐ Governmental Entity ☐ Estate

Publicly traded: ☐ Yes ☐ No If 'Yes' was selected, list symbol here: ____________________

If Regulated Financial Institution Name of Primary Regulator ____________________________

Regulatory Registration ID ____________________________

Name of Entity	Tax Identification Number (TIN)		
Address (P.O. Boxes not allowed)	City	State	ZIP Code
Name of Primary Contact Person	Telephone Number of Primary Contact Person		
Sole Proprietor Social Security Number (if applicable)	Sole Proprietor Date of Birth (if applicable)		

Notes: All legal entities are required to complete the Corporate Resolution Form (MF-10103). If you are opening an account for a Limited Liability Company, C Corporation, S Corporation, Partnership, Statutory Trust, or Non-Profit, you must also complete the Legal Entity Beneficial Ownership Certification Form, (MF-10098) and provide a formation document (e.g. Articles of Incorporation) that proves the legal existence of the entity.

If the legal entity is a Sole Proprietorship, the Sole Proprietor must provide their date of birth and SSN.

Section B - Trusted Contact Person Information (optional)

By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about your account to that person in the following circumstances: to confirm your current contact information, identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

Notes: The trusted contact person named below will not have authority to perform financial transactions on your account unless that person has otherwise been designated authority under a power of attorney or through a custodial arrangement.

Your trusted contact person should not be a joint account owner or the financial professional on record.

Changes to or removal of a designated trusted contact person must be in writing.

Trusted Contact Name (age 18 or older)	Date of Birth (mm/dd/yyyy)	Relationship to Owner	
Telephone Number	Mobile Number	Work Number	
Mailing Address	City	State	ZIP Code

Section C - Investment Instructions

Amount of initial investment $______________ (approximate dollar amount for incoming transfer)

The minimum investment is $2,000 per fund, except for the following funds for which the minimum is $5,000: Global Real Asset Fund, Emerging Markets Local Debt Fund, and Emerging Markets Multi-Sector Bond Fund.

A new account in any fund may be opened with an initial minimum amount of $250 per fund if you establish a subsequent automatic investment of at least $50 per fund per month (please fill out Section J).

Indicate method of investment. Check one:

☐ By check
All checks should be payable to Hartford Funds. Third-party checks, starter or counter checks, or money orders will not be accepted.

☐ By wire
Call 888-843-7824 for wiring instructions. Wire transfers are available upon request for amounts of $500 or more.

☐ By Automated Clearing House ("ACH") Network
ACH purchase limit is $100,000 per investor per day. Provide bank information in Section K.

☐ By incoming transfer

Section D - Fund Selection

Please make your fund selection in the table below. For a guide to fund names and numbers, please refer to **Fund List AC**, which is available on our website at Hartfordfunds.com.

- Please use whole percentages that together total 100%. All future payments will be applied based on the selected funds unless otherwise instructed.

Fund Number	Dollar Amount		Percentage		Fund Number	Dollar Amount		Percentage
______	$ ______	or	______%		______	$ ______	or	______%
______	$ ______	or	______%		______	$ ______	or	______%
______	$ ______	or	______%		______	$ ______	or	______%
______	$ ______	or	______%		______	$ ______	or	______%
					TOTAL INVESTMENT: $ ______			

Section E - Cost Basis Information

Internal Revenue Service (IRS) regulations require fund companies that produce 1099-B tax forms to include, among other things, cost basis reporting and holding period information for any new shares purchased on or after January 1, 2012.

1. Cost Basis Methods (review before completing Section E2)

Average Cost (ACST)	Each time you request to remove shares, this method will add the adjusted cost of the shares in the account and divide the total cost by the number of shares to calculate an average cost for each share. Adjustments to cost per share may be due to prior calculations or other transactions. This method averages the cost of uncovered shares separately from covered shares, and will remove all uncovered shares first.
First in, First Out (FIFO)	This method will remove shares based on the order purchased; shares purchased first will be removed first.
Last In, First Out (LIFO)	This method will remove shares based on the order purchased; shares purchased last will be removed first.
High Cost, First Out (HIFO)	This method will remove shares based on the cost per share; shares with the highest cost per share will be removed first.
Low Cost, First Out (LOFO)	This method will remove shares based on the cost per share; shares with the lowest cost per share will be removed first.
Loss/Gain Utilization (LGUT)	This method will remove shares based on the calculated gain or loss per share in the following order: 1. Short-term losses per share, in order of greatest loss per share to least 2. Long-term losses per share, in order of greatest loss per share to least 3. Long-term gains per share, in order of least gain per share to greatest 4. Short-term gains per share, in order of least gain per share to greatest

2. Election Method Selection (complete one option below)

Hartford Funds will apply the default cost basis method of Average Cost (ACST) to all funds and accounts you or your agent do not list below.

Hartford Funds cannot offer tax advice. You should consult with a qualified tax advisor to determine the method that makes the most sense for you, or if you have tax questions regarding your account.

When choosing FIFO, LIFO, HIFO, LOFO, or LGUT for your cost basis method, you may override this election by identifying specific lots. Specific lot information must be given to Hartford Funds at the time of the applicable transaction, such as a redemption, exchange, or transfer.

	ACST	FIFO	LIFO	HIFO	LOFO	LGUT
Elect a method for all funds and accounts under the SSN/TIN of the primary owner listed in Section A. This method will also apply to all funds/accounts the primary owner may own in the future.	☐	☐	☐	☐	☐	☐
OR						
Elect a different method for each fund included in this request						
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

Section F - Distribution Options

Please select one option below. If no option is chosen, option 1 will be selected.

1. ☐ Reinvest all dividends and capital gains into additional shares in this account
2. ☐ Pay dividends and reinvest capital gains.
3. ☐ Pay capital gains and reinvest dividends
4. ☐ Pay all dividends and capital gains

   If option 2, 3, or 4 is chosen, send distributions to:

   ☐ Address indicated in Section A

   ☐ Bank listed in Section K

5. ☐ Automatic dividend diversification: Diversify my portfolio by automatically investing distributions into other Hartford Funds.

From:

Fund Name	Account Number

To:

Fund Name	Account Number

Note: For information regarding the frequency of distribution for a particular Fund, please see that Fund's prospectus.

Section G - Reduced Sales Charges (if applicable)

Accumulation Privilege - to qualify for a reduced sales charge on Class A shares, list below the account numbers of all classes of shares (other than Class R3, Class R4, Class R5, and Class R6) of other Hartford Funds that you or your family (spouse and dependent children) already own direct with the Fund (i.e., you receive annual statements directly from Hartford Funds). If you currently own shares of a Hartford Fund through a third party, please include a recent statement showing the current account value in order to qualify for the reduced sales charge.

Account Number	Fund Number	Social Security Number/TIN

☐ Qualify for Net Asset Value ("NAV") - this account qualifies for NAV purchase as described in the fund prospectus.

Please indicate here if it is for:

☐ Employee (please include employer's name): ___________________________

☐ Employee spouse or minor child

☐ Other (please explain): ___________________________

Letter of Intent - This will allow you to purchase Class A shares of a Fund over a 13 month period and receive the same sales charge as if all shares had been purchased at once.

I plan to invest over a 13-month period following the date of this application an aggregate amount of at least:

☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $1,000,000

Note: Short Duration (Fund 1642) must be $250,000 or higher to be eligible for sales charge reductions.

Section H - Online Account Access and Electronic Delivery

After receiving your new account confirmation, visit hartfordfunds.com/myaccount to set up online account access. Once you have set up your online account, you will then be able to navigate to the Account Profile tab and enroll in electronic delivery of certain account documents.

Section I - Systematic Exchange

Systematic exchanges are only available within the same class of shares. I understand that I can temporarily stop or cancel this service at any time by phone or writing. This request must be received by the first of the month. All exchanges are processed on the 10th of each month. There is a $250 initial minimum exchange if opening a new fund. The minimum subsequent exchange amount is $50 per fund.

1. Initial Exchange When Opening a New Fund

Initiate the following transfer to the new fund(s) indicated below starting in the month of ______________.

Transfer money from (source fund):		Transfer money to (destination fund):	
Fund Number	Dollar Amount	Fund Number	Dollar Amount
	$		$
	$		$
	$		$

2. Recurring Exchange or Exchange Into an Existing Fund

Exchange the following on a monthly basis to the Hartford Funds listed below.

Transfer money from (source fund):		Transfer money to (destination fund):	
Fund Number	Dollar Amount	Fund Number	Dollar Amount
	$		$
	$		$
	$		$

Section J - Automatic Investment Plans

Automatic Investing from a Bank Account Or Credit Union

Invest the following amount in the following fund(s). Please be sure your bank or credit union allows funds to be withdrawn by means of ACH. Please also complete Section K if you have chosen this investment method.

Recurring investment (A minimum recurring monthly investment of $50 per fund is required. If amount is left blank, we will default to $50 per fund.)

☐ Monthly ☐ Bi-weekly (twice per month): withdraw funds on the ______ and ______ of each month (1st - 28th)

☐ Quarterly ☐ Semi-annually ☐ Annually

Amount of recurring investment $ ____________________ Start date _____ /_____/_________ (1st - 28th)

Fund Number	Dollar Amount	Percentage		Fund Number	Dollar Amount	Percentage
________________	$ ________________ or	______%		________________	$ ________________ or	______%
________________	$ ________________ or	______%		________________	$ ________________ or	______%
________________	$ ________________ or	______%		________________	$ ________________ or	______%
________________	$ ________________ or	______%		________________	$ ________________ or	______%
				TOTAL INVESTMENT: $ ________________		

Note: Investments will be made monthly on the day of the month specified (any day, 1st through 28th) as the starting date. If a date is not specified, this option will begin on the 15th of the month. Also, if no funds are selected, the funds and allocations from Section D will be used.

Section K - Bank Account or Credit Union Information

Important: By signing this paperwork, you agree and confirm that your use of ACH 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 Hartford Funds 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.

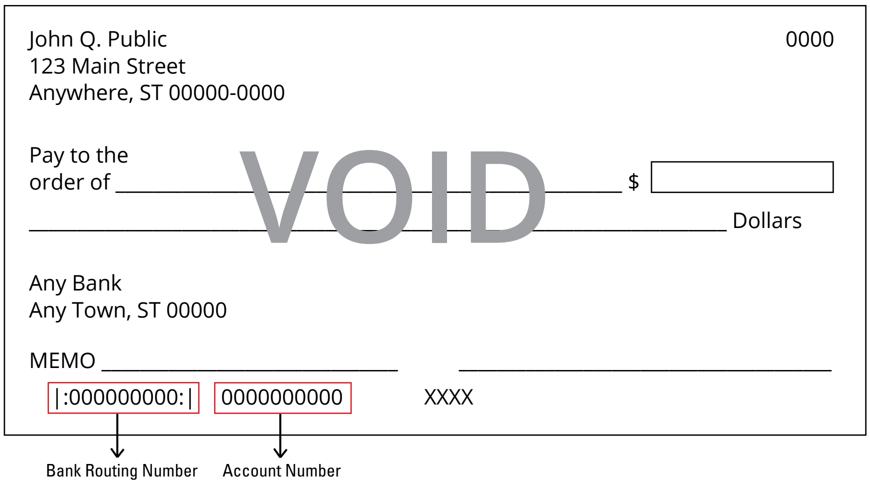
All owners of the bank account must sign this form.

Bank account type: ☐ Checking account (attach voided check)
☐ Savings account (attach deposit slip)

Bank or Credit Union Account Number	Bank or Credit Union ABA Routing Number (must be 9 digits) ☐☐☐☐☐☐☐☐☐	
Bank or Credit Union Account Owner's Name (print)	Bank or Credit Union Account Owner's Signature	Date (mm/dd/yyyy)
Bank or Credit Union Account Joint Owner's Name (print)	Bank or Credit Union Account Joint Owner's Signature	Date (mm/dd/yyyy)

Note: If the registration on the bank account is different from the registration on the Hartford Funds account, we require a Medallion Signature Guarantee.

Medallion Signature Guarantee Stamp Here



Attach an original voided check here. Please use tape instead of staples.

- No faxed copies allowed.
- No Starter Checks.
- Minimum ACH is $50 per fund per month.
- ACH will arrive in 2-3 business days.
- There is no fee for this option.

Section L - Additional Required Documents (attach to account application)

Note: New accounts for the account types listed below will not be opened unless the additional requirements are included with this account application.

Account Type	Additional Requirement
All Legal Entity Accounts	Hartford Funds Corporate Resolution Form (MF-10103)
Limited Liability Company (LLC), C Corporation, S Corporation, Partnership, Statutory Trust, or Non-Profit	Formation Document (e.g. Articles of Incorporation) Legal Entity Beneficial Ownership Certification Form (MF-10098)
Trust	Hartford Funds Trustee Certification Form (MF-10092)
Power of Attorney	Hartford Funds Power of Attorney (POA) Form (MF-10102)

Section M - Signature and Taxpayer Identification Number Certification (required)

I have received and read Hartford Funds' prospectus for each of the Funds I am investing in and believe that the investment is suitable for me.

Neither Hartford Funds nor any of its service providers and/or any employee will be liable for any claims, losses, or expenses for acting on any instructions or inquiries believed to be genuine provided that reasonable security procedures have been followed.

I understand my property may be transferred to the appropriate state if no activity occurs in the account within the time frame specified by state law.

I understand that if I invest in the Funds directly with the transfer agent I will be charged a $30 annual direct account fee on or about June 1 each year, which will be deducted automatically from my account.

My signature below indicates I have full authority, am of legal age to purchase shares and have received the prospectus for each of the funds selected and agree to the terms therein and herein.

W-9 Certification - By signing below you agree that the following certification applies to each person signing unless the person signing has indicated that they are not a U.S. person (for tax purposes) on this form.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Social Security Number or 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. citizen or other U.S. person (including a U.S. resident alien) as defined in the instructions to IRS Form W-9, and
4. I am exempt from FATCA reporting (if applicable).

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.

If you do not provide a correct taxpayer identification number, you may be subject to a $50 IRS penalty.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner's Name (print)	Owner's Signature	Date Signed (mm/dd/yyyy)
Joint Owner Name (if applicable) (print)	Joint Owner Signature (if applicable)	Date Signed (mm/dd/yyyy)
Trustee(s) Name (if applicable) (print)	Trustee(s) Signature (if applicable)	Date Signed (mm/dd/yyyy)
Legal Entity Representative Name (if applicable) (print)	Legal Entity Representative Signature (if applicable)	Date Signed (mm/dd/yyyy)
UGMA/UTMA or Custodian Name (if applicable) (print)	UGMA/UTMA or Custodian Signature (if applicable)	Date Signed (mm/dd/yyyy)
Power of Attorney Name (if applicable) (print)	Power of Attorney Signature (if applicable)	Date Signed (mm/dd/yyyy)

Section N - To be Completed by Financial Professional (required)

Registered Representative's Name	Broker/Dealer Name		
Dealer Number	Branch Number		
Branch Street Address	City	State	ZIP Code
Telephone Number	Rep Number		

Registered Representative's Name (print)	Registered Representative's Signature	Date Signed (mm/dd/yyyy)
Authorized Principal's Name (print) (if required by your broker/dealer)	Authorized Principal's Signature (if required by your broker/dealer)	Date Signed (mm/dd/yyyy)

Customer Privacy Notice
The Hartford Financial Services Group, Inc. and Affiliates
(herein called "we, our, and us")

This Privacy Policy applies to our United States Operations

We value your trust. We are committed to the responsible:
a) management;
b) use; and
c) protection;
of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:
a) service your **Transactions** with us; and
b) support our business functions.

We may obtain **Personal Information** from:
a) **You**;
b) your **Transactions** with us; and
c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:
a) your name;
b) your address;
c) your income;
d) your payment; or
e) your credit history;
may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information.** We will share **Personal Information**, only as allowed by law, with affiliates such as:
a) our insurance companies;
b) our employee agents;
c) our brokerage firms; and
d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:
a) market our products; or
b) market our services;
to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:
a) independent agents;
b) brokerage firms;
c) insurance companies;
d) administrators; and
e) service providers;
who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:
a) taking surveys;
b) marketing our products or services; or
c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We, and third parties we partner with, may track some of the pages **You** visit through the use of:
a) cookies;
b) pixel tagging; or
c) other technologies;
and currently do not process or comply with any web browser's "do not track" signal or other similar mechanism that indicates a request to disable online tracking of individual users who visit our websites or use our services.

For more information, our Online Privacy Policy, which governs information we collect on our website and our affiliate websites, is available at https://www.thehartford.com/online-privacy-policy.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:
a) "opt-out;" or
b) "opt-in;"
as required by law.

We only disclose **Personal Health Information** with:
a) your authorization; or
b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:
a) underwriting policies;
b) paying claims;
c) developing new products; or
d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:
a) the confidentiality; and
b) the integrity of;
Personal Information that we have. We use these procedures to guard against unauthorized access.

Revised February 2024

Some techniques we use to protect **Personal Information** include:
a) secured files;
b) user authentication;
c) encryption;
d) firewall technology; and
e) the use of detection software.

We are responsible for and must:
a) identify information to be protected;
b) provide an adequate level of protection for that data; and
c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our privacy policies and procedures may be subject to discipline, which may include termination of their employment with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

As used in this Privacy Notice:

Application means your request for our product or service.

Personal Financial Information means financial information such as:
a) credit history;
b) income;
c) financial benefits; or
d) policy or claim information.

Personal Financial Information may include Social Security Numbers, Driver's license numbers, or other government-issued identification numbers, or credit, debit card, or bank account numbers.

Personal Health Information means health information such as:
a) your medical records; or
b) information about your illness, disability or injury.

Personal Information means information that identifies **You** personally and is not otherwise available to the public. It includes:
a) **Personal Financial Information**; and
b) **Personal Health Information**.

Transaction means your business dealings with us, such as:
a) your **Application**;
b) your request for us to pay a claim; and
c) your request for us to take an action on your account.

You means an individual who has given us **Personal Information** in conjunction with:
a) asking about;
b) applying for; or
c) obtaining;
a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

If you have any questions or comments about this privacy notice, please feel free to contact us at The Hartford – Consumer Rights and Privacy Compliance Unit, One Hartford Plaza, Mail Drop: HO1-09, Hartford, CT 06155, or at ConsumerPrivacyInquiriesMailbox@thehartford.com.

This Customer Privacy Notice is being provided on behalf of The Hartford Financial Services Group, Inc. and its affiliates (including the following as of February 2024), to the extent required by the Gramm-Leach-Bliley Act and implementing regulations:

1stAGChoice, Inc.; Access CoverageCorp, Inc.; Access CoverageCorp Technologies, Inc.; Business Management Group, Inc.; Cervus Claim Solutions, LLC; First State Insurance Company; FTC Resolution Company LLC; Hart Re Group L.L.C.; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford (Asia) Limited; Hartford Casualty General Agency, Inc.; Hartford Casualty Insurance Company; Hartford Corporate Underwriters Limited; Hartford Fire General Agency, Inc.; Hartford Fire Insurance Company; Hartford Funds Distributors, LLC; Hartford Funds Management Company, LLC; Hartford Funds Management Group, Inc.; Hartford Holdings, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford Insurance, Ltd.; Hartford Integrated Technologies, Inc.; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Lloyd's Corporation; Hartford Lloyd's Insurance Company; Hartford Management, Ltd.; Hartford Management (UK) Limited; Hartford Productivity Services LLC; Hartford of the Southeast General Agency, Inc.; Hartford of Texas General Agency, Inc.; Hartford Residual Market, L.C.C.; Hartford Specialty Insurance Services of Texas, LLC; Hartford STAG Ventures LLC; Hartford Strategic Investments, LLC; Hartford Underwriters General Agency, Inc.; Hartford Underwriters Insurance Company; Hartford Underwriting Agency Limited; Heritage Holdings, Inc.; Heritage Reinsurance Company, Ltd.; HLA LLC; Horizon Management Group, LLC; HRA Brokerage Services, Inc.; Lattice Strategies LLC; Maxum Casualty Insurance Company; Maxum Indemnity Company; Maxum Specialty Services Corporation; Millennium Underwriting Limited; MPC Resolution Company LLC; Navigators Holdings (UK) Limited; Navigators Insurance Company; Navigators Management Company, Inc.; Navigators Specialty Insurance Company; Navigators Underwriting Limited; New England Insurance Company; New England Reinsurance Corporation; New Ocean Insurance Co., Ltd.; NIC Investments (Chile) SpA; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Pacific Insurance Company, Limited; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; The Navigators Group, Inc.; Trumbull Flood Management, L.L.C.; Trumbull Insurance Company; Twin City Fire Insurance Company; Y-Risk, LLC.

Revised February 2024

Fax this completed form to (888) 802-0039, or mail it to the appropriate address below.

For standard mail delivery, please mail this form to:

Hartford Funds
P.O. Box 219060
Kansas City, MO 64121-9060

For private express mail, please mail this form to:

Hartford Funds
430 W 7th Street Suite 219060
Kansas City, MO 64105-1407

If you have questions or require more information, contact your financial professional or call Hartford Funds at (888) 843-7824.

Following a significant business disruption, Hartford Funds will execute its **Business Continuity Plan** with the goal of recovering and resuming operations as quickly as possible given the scope and severity of the disruption. For further information regarding our Business Continuity Plan, please visit the Business Continuity section of our website at www.hartfordfunds.com or contact Hartford Funds at the above number.