

# Hartford Funds 403(b) Beneficiary Change Request Form

**HARTFORDFUNDS**

Our benchmark is the investor.®

Use this form only for 403(b) plans with UMB Bank, n.a. as custodian to make changes to the current beneficiary designation on your account. By completing this form all prior beneficiary designations are revoked. Provide all information requested in each section of this form.

## General Information

All beneficiary changes become effective on the date that we receive a complete and valid request, provided you are living on that date.

All beneficiary determinations are subject to the terms of the 403(b)(7) Custodial Account Agreement.

For accounts owned by a custodian, Hartford Funds does not maintain beneficiary designations; the custodian is the beneficiary of the account. Contact the custodian to change any beneficiary designations.

Account owners that reside in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI, Puerto Rico, and Guam) and designate a primary beneficiary other than a spouse, must complete section C, Spousal Consent for Change of Beneficiary in a Community Property State.

"Per will" is not an acceptable beneficiary designation.

## How are my Death Benefits Paid to my Beneficiaries?

**Single Primary Beneficiary** - If the only named primary beneficiary predeceases the account owner, and a new primary beneficiary designation is not provided, the death benefit will be paid to any named contingent beneficiaries. In the absence of any surviving named contingent beneficiaries, the remaining proceeds will be paid to your estate.

**Multiple Primary Beneficiaries** - If you named more than one primary beneficiary and a primary beneficiary predeceases the account owner, the remaining primary beneficiaries will receive the non-surviving primary beneficiary's share in proportion to the relative percentage share of the surviving primary beneficiaries. If no primary beneficiaries are living, the death benefit would be paid to any contingent beneficiaries. In the absence of any surviving named contingent beneficiaries, the remaining proceeds will be paid to your estate.

If you do not elect to designate a primary beneficiary, your account will be paid to your estate. If you designate your spouse as beneficiary, your divorce or other legal termination of the marriage will automatically revoke your designation. You may designate your former spouse as beneficiary by completing a new 403(b) Beneficiary Change Request Form after your divorce is final.

If a beneficiary passes away after the share-owner, but before the death benefit is paid, that portion of the death benefit will be paid to the deceased beneficiary's estate.

For purposes of beneficiary designations, the term "spouse" means the person to whom you are legally married, as determined under federal tax law.

## Contact Information:

Online:  
www.hartfordfunds.com

Telephone:  
Call 1-888-843-7824

Fax: 1-888-802-0039  
Attn: Hartford Funds

(Note: Medallion Signature Guarantee stamp cannot be faxed)

## Section A - Owner Information

|                |                        |
|----------------|------------------------|
| Owner Name     | Social Security Number |
| Account Number | Telephone Number       |

**Section B - New Primary Beneficiary Designation**

I hereby designate the individuals named below as Primary Beneficiaries in accordance with the 403(b) (7) Custodial Account Agreement. If no Primary Beneficiary survives me, I hereby designate the individuals named below as Contingent Beneficiaries. This Designation of Beneficiary may have important tax or estate planning effects. Also, if you are married and live in a community property state, you must obtain your spouse's consent if you have not designated your spouse as 100% Primary Beneficiary of your 403(b) account. See your lawyer or other tax professional for additional information and advice.

If this section is not completed and a primary beneficiary is currently designated for your account, that designation will remain in effect.

By completing this section, all prior primary beneficiary designations will be replaced on the account specified in Section A.

If more than one primary beneficiary is listed and percentages are not provided, we will distribute all shares equally.

If percentages are supplied, they must equal 100%.

Date of birth and/or the last four digits of the Social Security Number are required; if one of them is not supplied, it could delay death benefit payments.

If you wish to designate more than four primary beneficiaries, please attach a separate sheet of paper and include the information in Section A and all the same information requested below.

| First Name, Middle Initial, Last Name | Date of Birth (mm/dd/yyyy) | Last Four Digits of SSN | Relationship to Shareholder                                       | % of Benefit |
|---------------------------------------|----------------------------|-------------------------|---|--------------|
|                                       |                            |                         | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Other | %            |
|                                       |                            |                         | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Other | %            |
|                                       |                            |                         | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Other | %            |
|                                       |                            |                         | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Other | %            |

**Section C - New Contingent Beneficiary Designation**

I hereby designate the individuals named below as Contingent Beneficiaries in accordance with the 403(b) (7) Custodial Account Agreement. This Designation of Beneficiary may have important tax or estate planning effects. Also, if you are married and live in a community property state, you must obtain your spouse's consent if you have not designated your spouse as 100% Primary Beneficiary of your 403(b) account. See your lawyer or other tax professional for additional information and advice.

If this section is not completed and a contingent beneficiary is currently designated for your account, that designation will remain in effect.

By completing this section, all prior contingent beneficiary designations will be replaced on the account specified in Section A.

If more than one contingent beneficiary is listed and percentages are not provided, we will distribute all shares equally.

If percentages are supplied, they must equal 100%.

Date of birth and/or the last four digits of the Social Security Number are required; if one of them is not supplied, it could delay death benefit payments.

If you wish to designate more than four contingent beneficiaries, please attach a separate sheet of paper and include all information in Section A and the same information requested below.

| First Name, Middle Initial, Last Name | Date of Birth (mm/dd/yyyy) | Last Four Digits of SSN | Relationship to Shareholder                                       | % of Benefit |
|---------------------------------------|----------------------------|-------------------------|---|--------------|
|                                       |                            |                         | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Other | %            |
|                                       |                            |                         | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Other | %            |
|                                       |                            |                         | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Other | %            |
|                                       |                            |                         | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Other | %            |

**Section D - Spousal Consent for Change of Beneficiary in Community Property States**

This section must be completed if the account owner resides in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI, Puerto Rico, or Guam) and names someone other than a spouse (as defined by the applicable state law) as their primary beneficiary.

Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a qualified tax or legal advisor.

**Note:** Inherited property may or may not be subject to community property, depending on the laws of the applicable state.

**Spousal Acknowledgment and Signature Required**

I hereby give the account owner any interest I have in the funds or property deposited in this account and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by Hartford Funds.

|                    |                          |
|--------------------|--------------------------|
| Spouse's name      | Date signed (mm/dd/yyyy) |
| Spouse's signature |                          |



I am not married - I understand that if I become married in the future, I may need to complete and send a new IRA Beneficiary Change Form to Hartford Funds.

**Section E - Authorization and Acknowledgment**

By completing one or more sections of this form and signing below, I hereby swear under penalty of perjury that the information provided herein is true and complete. I further represent that I have full rights and authority to make the change requested and that no third party has a claim or interest in the account/policy nor has the account been assigned, pledged as a security, or transferred to a third party. Changes requested pursuant to this form are effective as of the date Hartford Funds receives the complete and valid beneficiary change request form during my lifetime.

|   |                   |
|---|-------------------|
| Existing account owner's signature            | Date (mm/dd/yyyy) |
| Power of Attorney's signature (if applicable) | Date (mm/dd/yyyy) |

**Note:** All beneficiary changes become effective on the date that we receive a complete and valid request.

A Medallion Signature Guarantee Stamp may be executed by any eligible guarantor found at:

- Commercial banks
- Trust companies
- Savings associations and credit unions, as defined by the Federal Deposit Insurance Act
- Registered broker/dealers

The guarantee must state the words "Medallion Signature Guarantee Stamp" along with the name of the granting institution and the guarantor who witnessed the signature. Please verify, before the letter is signed, that the institution and person witnessing the signature are, in fact, eligible to guarantee the signature. Please note that a Notary Public is not necessarily an eligible guarantor.

**Have you...**

- completed Section A providing owner information?
- completed all of Section B and/or C, as applicable, including the date of birth and last four digits of each beneficiary's SSN?
- completed Section D if you live in a community property state?
- completed Section E by signing and dating the form?
- signed and dated the form in Section E and received a signature guarantee if the Power of Attorney is acting on behalf of the contract owner?

**For standard mail delivery, please mail this form to:**

Hartford Funds  
PO 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