

Beneficiary Identification Form for Hartford Funds Accounts

HARTFORDFUNDS

Our benchmark is the investor.®

Use this form to identify beneficiaries by name when the deceased owner's beneficiary designation instructs that the assets be distributed to unspecified members of a group (for example, "per stirpes" or "equally to all surviving children"). This form must be completed and certified by the executor, administrator, or personal representative of a deceased owner's estate ("estate representative").

Each beneficiary listed on this form must complete the appropriate death claim form to instruct Hartford Funds on what they want done with their portion of the assets. Forms are available on our website at www.hartfordfunds.com.

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 - Deceased Account Owner Information

Owner's name	Owner's social security number
Owner's account number	Owner's date of death (mm/dd/yyyy)

Section B - Estate Representative Information

Name(s) of executor, administrator or personal representative			
Residential address	City	State	ZIP Code
Daytime telephone number(s)			

Section C - Identification of Beneficiaries

Please provide information for all beneficiaries who are entitled to receive the deceased account owner's assets under the account number referenced in Section A. Also, indicate the percentages of the assets to be distributed to the beneficiaries. Percentages must total 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 need more room, please attach a separate sheet of paper.

Beneficiary's Name (first, middle, last)	Date of Birth (mm/dd/yyyy)	Last 4 Digits of SSN	Percent of Benefit
			%
			%
			%
			%

Section D - Acknowledgments and Signature(s)

The undersigned, being the representative(s) of the estate of the deceased account owner, identified in Section A, ("decedent"), hereby certify that I am authorized to identify the beneficiaries of the decedent's assets to Hartford Administrative Services Company ("HASCO"), as agent of UMB Bank, n.a.

I agree to provide any additional documentation required by HASCO, as agent of UMB Bank, n.a., to transfer the assets of the decedent, specified in section A, to the beneficiaries.

The beneficiaries identified in Section C constitute all members of the group of beneficiaries designated by the decedent, including any and all beneficiaries who may be entitled to a share of the assets of the decedent specified in Section A on the basis of a designation made per stirpes, per capita, or by use of any similar language, and to the best of my knowledge, there are no other persons or entities entitled to a share of the assets of the decedent, specified in Section A, as a member of the group of beneficiaries.

As of the date below, I certify that, to the best of my knowledge, the information contained in this form is correct and complete.

I agree to indemnify and hold harmless Hartford Administrative Services Company, and its affiliates (including Hartford Funds, its agents, and employees) from all loss, expense, costs, and liability of any nature that may arise as a result of any action taken by Hartford Funds, its agent, or employees in reliance upon the information provided by me in this form.

Estate representative's signature	Date (mm/dd/yyyy)
Estate representative's signature	Date (mm/dd/yyyy)

Have you...

- provided complete information about the decedent in Section A?
- provided complete information about the estate representative(s) in Section B?
- provided complete beneficiary information in Section C?
- signed and dated the form in Section D?

**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
801 Pennsylvania Ave Suite 219060
Kansas City, MO 64105-1307