

# Hartford Funds Inheritance Claim Form for Non-Retirement Accounts

**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.

## Purpose

To initiate a claim on a Hartford Funds' non-retirement account where the owner has passed away. Examples of non-retirement account types include, but are not limited to individual non-retirement accounts, joint owners (for example, tenants in common or joint tenants with rights of survivorship), or UTMA/UGMA with death of a minor.

## Instructions

A separate form must be completed by each beneficiary or for estate and trust beneficiaries, by each executor, trustee, or administrator.

This form requires a notary seal.

A copy of a certified death certificate must accompany this form.

### Section A - Deceased Owner Information

Owner's Name	Owner's Social Security Number
Account Number	Owner's Date of Death

### Section B - Beneficiary Information

If the beneficiary is an individual, a Social Security Number is required.

If the beneficiary is an estate, trust or other legal entity, a distinct Tax Identification Number ("TIN") is required.

Name of Individual, Estate, Trust, or other Legal Entity	Date of Birth (mm/dd/yyyy) (individual only)	Social Security Number or TIN	
Permanent Address (P.O. Boxes not allowed)	City	State	Zip Code
Mailing Address (if different than permanent address)	City	State	Zip Code
Telephone Number	Relationship to the Owner:		

If the beneficiary is an Entity, Minor with Parent/Guardian, or has acting Power of Attorney ("POA"), the personal information of the person acting on behalf of the beneficiary is required to meet the requirements listed under the USA PATRIOT Act.

Name of Executor, Trustee, Administrator, Parent/Guardian, or Power of Attorney			
Social Security Number or TIN	Date of Birth (mm/dd/yyyy)	Telephone Number	
Permanent Address (P.O. Boxes not allowed)	City	State	Zip Code

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## Section C - Additional Required Documents (attach to account application)

**Note:** Distributions to the account types listed below will not be honored unless the additional paperwork requirements are included with this claim form.

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 D – Beneficiary Options

Choose one:

- ☐ Redeem the entire account balance - A beneficiary may elect to redeem all entitled shares. (Proceed to section H)
- ☐ Ownership change - A beneficiary may elect to transfer the assets into a Hartford Funds account registered in their name
- ☐ Re-register the account as Individual. (A surviving owner can re-register the account in their name only.)
- ☐ Re-register the account with a new joint owner. (A surviving owner can elect to re-register the account to a new joint account by adding a new owner to the account.)
- ☐ Joint Tenants with Rights of Survivorship (JTROS)      ☐ Tenants in Common

Joint Owner's Name	Joint Owner's Date of Birth (mm/dd/yyyy)	Joint Owner's Social Security Number	
Permanent Address (P.O. Boxes not allowed)	City	State	Zip Code

Your assets will remain invested in the fund(s) originally selected by the decedent. Once the account has been re-registered, you may provide alternative investment instructions. Please consult with your financial professional.

If you elected to re-register the account and would like to have a Transfer on Death ("TOD") designation on your new account, you will need to complete the Hartford Funds Transfer on Death (TOD) Form, (MF-10002).

## 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.

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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.

Your cost basis in the mutual funds acquired from the decedent's account is generally the fair market value of the mutual funds on the date of death. The estate may also choose to value the mutual funds on an alternate valuation date (see IRS Form 706 instructions).

Beneficiaries will receive fair market value basis for their portion of inherited assets unless the personal representative provides a different percent.

If the mutual funds should be valued on an alternate valuation date, provide the date of death on the form and, on a separate page, the alternate valuation date and the value of the mutual funds.

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.

Elect a method for all funds and accounts under the SSN/TIN of the new primary owner listed in Section B. This method will also apply to all funds/accounts the primary owner may own in the future.	ACST	FIFO	LIFO	HIFO	LOFO	LGUT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OR</b>						
Elect a different method for each fund included in this request						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section F – 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

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### Section G - Broker Dealer Information

At the time the account is re-registered to you, the broker dealer of record on the deceased owner's account will not be carried over to the new account(s) unless you check the box below.

☐ I would like to retain the legacy broker dealer of record.

If you do not wish to retain the legacy broker dealer and want to add a new broker dealer, have your broker dealer complete the information below.

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

**Note:** If you do not designate a broker dealer, your account will, by default, have No Broker Dealer of Record.

At Hartford Funds, we believe it is important to make informed financial decisions; this is why we believe in the value of advice from a trusted financial professional. We are unable to provide you with investment, tax, legal or any other advice.

### Section H - Payment Instructions

If you chose to redeem the entire account in Section D, choose one.

☐ Mail Check to Mailing Address listed in Section B

☐ Mail Check to:

Mailing Address	City	State	ZIP Code
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☐ Deposit into bank account by Automated Clearing House ("ACH") Network.

**Important:** By signing this paperwork, you agree and confirm that your use of the Automated Clearing House ("ACH") Network 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)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 or if this is a new or updated bank account on the record, we require a Medallion Signature Guarantee.

Medallion Signature Guarantee Stamp Here

## Hartford Funds Inheritance Claim Form for Non-Retirement Accounts

John Q. Public 123 Main Street Anywhere, ST 00000-0000		0000
Pay to the order of _____		\$ _____ Dollars
<b>VOID</b>		
Any Bank Any Town, ST 00000		
MEMO _____		
<div style="border: 1px solid red; padding: 2px;">:000000000:</div>	<div style="border: 1px solid red; padding: 2px;">0000000000</div>	XXXX
↓	↓	
Bank Routing Number	Account Number	

**Attach a voided check here.  
Please use tape instead of staples.**



- 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 I - Signature and Taxpayer Identification Number Certification

I have full authority and am of legal age, or I am a parent or guardian of the minor.

I acknowledge that I am aware of and understand all of the options available to me.

I affirm that the information I have included on the form is true and correct.

I authorize and direct Hartford Funds, or its agent, to make distributions and take other actions as described above.

I understand that it is my responsibility to seek appropriate tax advice regarding my rights and obligations as beneficiary of this account.

I understand that I am responsible for the payment of all taxes associated with my beneficiary proceeds/account.

**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.**

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### If Assets Will be Transferred to an Account Re-Registered in the Beneficiary's Name:

- I consent to the \$30 annual direct account fee which will be deducted automatically from my account on or about June 1 each year.
- I understand that neither Hartford Funds Management Company, LLC ("HFMC"), the investment manager to Hartford Funds, nor Hartford Funds Distributors, LLC ("HFD"), the principal underwriter to Hartford Funds, is providing advice or recommendations to me, and that neither HFMC nor HFD is serving in a fiduciary capacity with respect to this or any account. I understand that I should contact my financial professional should I seek advice or a recommendation prior to making an investment decision.
- I understand my property may be transferred to the appropriate state if no activity occurs in my account within the time frame specified by state law.

\_\_\_\_\_  
Beneficiary's Name (print)

\_\_\_\_\_  
Signature of Beneficiary or authorized signer  
(sign in the presence of a Notary Public)

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_):

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally  
appeared \_\_\_\_\_, to me personally known  
to be the individual described herein and who executed the foregoing  
instrument, and acknowledged that he executed the same.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Notary Public Stamp Here

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

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