

Death Claim Right to Act Form

Use this form to identify an executor, administrator, personal representative, trustee(s), power of attorney or custodian who is authorized to act on behalf of a beneficiary on a death claim.

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 (required)

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

Section B - Beneficiary Information (required)
Beneficiary is an Entity, Minor with Custodian, Charity or has acting Power of Attorney

The personal information of the person acting on behalf of the beneficiary is required to meet the requirements listed under the US PATRIOT Act. If additional space is needed, please attach a separate sheet of paper.

Name of executor, trustee, authorized signer, administrator, personal representative, custodian or power of attorney				
Social security number or TIN	Date of birth (mm/dd/yyyy)		Daytime phone number	
Residential address	City	State	ZIP Code	
Do not complete this line if the beneficiary/payee is a "U.S. person" for tax purposes (as defined on IRS Form W-9). If applicable, please check the following statement and attach the appropriate version of IRS Form W-8. Beneficiary/payee is a: <input type="checkbox"/> Foreign Entity or Non-Resident Alien				

Is the beneficiary a government entity? ☐ Yes ☐ No

Section C - Supporting Documentation

A copy of a certified death certificate must be sent with this form.

If you are:	Item(s) required:
Executor	Letter of testamentary or small estate affidavit naming you as the executor, administrator, or personal representative of the estate
Trustee(s)	Complete the Hartford Funds Trustee Certification Form (MF-10092) along with a copy of trust documents
Custodian	Certified copy of court paperwork appointing you as custodian for the minor beneficiary
Power of Attorney (POA)	Certified copy of court paperwork appointing you as power of attorney

Upon receipt of the form along with the appropriate supporting documentation, Hartford Administrative Services Company, as agent of UMB Bank, n.a., will contact you with additional death claim requirements. Forms are available on our website at www.hartfordfunds.com. Please select how you want to be contacted with the death claim paperwork requirements:

☐ Phone (provide number in Section B) ☐ Mail (provide address in Section B) ☐ Fax (provide number here): _____

Section D - Acknowledgment and Signature

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.

Beneficiary's signature	Date (mm/dd/yyyy)
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**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