

Executor's Statement of Alternate Value for Non-qualified Hartford Funds Accounts

HARTFORDFUNDS

Our benchmark is the investor.®

Use this form to provide an Alternate Cost Basis Value for the proceeds from a decedent account.
Please complete this form prior to, or in conjunction with, any claim requests.

Section A - Deceased account owner information (you must complete this section)

Owner name	Social Security or Tax Identification Number
Account number	Date of death

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 B - Executor information

If more than one executor is named, attach separate piece of paper with this information for each named executor.

Name of executor, administrator, or personal representative	Daytime telephone number		
Mailing address	City	State	Zip code

Section C - New account owner information

If there is more than one new owner, attach separate piece of paper with this information for each new owner.

Owner name	Social Security or Tax Identification Number
Account number	Date of death

Section D - New adjustment basis value

List an alternate cost basis value for each class of shares within each fund. Please attach a separate piece of paper for additional funds.

Fund Name & Class or Fund Number	Alternate Cost Basis Value

Section E - Verification documents

- A certified copy of the death certificate must be sent with this form.
Note: If you fax the death certificate, the original must be sent along with the death claim forms.
- Letter of testamentary naming you as the executor, administrator, or personal representative of the estate.

Section F - Authorization/Acknowledgment (all named executors name must sign)

Pursuant to Treasury Regulation 1.6045A-1, I, the executor of the above estate, certify to Hartford Administrative Services Company ("Hartford") that the basis in the shares described above is accurate and by signing below, I hereby instruct Hartford to use the new adjusted basis value for tax reporting purposes.

Executor Signature	Date
Executor Signature (if applicable)	Date

Have you...

- completed Section A and provided us with complete Deceased Account Owner information?
- completed Section B and provided us with complete Executor Owner(s) information?
- completed Section C and provided us with complete New Account Owner(s) information?
- provided us with your new adjustment basis value in Section D?
- included all the verification documents required?
- completed Section F by providing us with all appropriate signatures?

For standard mail delivery:

Hartford Funds
PO Box 219060
Kansas City, MO 64121-9060

For private express mail:

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