

Coverdell Education Savings Account (ESA) Death Beneficiary Change Request Form for Hartford Funds Accounts

HARTFORDFUNDS

Our benchmark is the investor.®

This form should be completed when making changes to the current death beneficiary designation on your account. Provide all information requested in each section of this form. Use this form only for Coverdell ESA with UMB Bank, n.a. as custodian.

Requests may be submitted via fax to Attn: Hartford Funds at 1-888-802-0039.

General Information

All death beneficiary changes become effective on the date that we receive a complete and valid request, provided the Student is living on that date. The Student is referred to as the "designated beneficiary" in the Custodial Agreement.

How are the Student's Benefits Paid to the Death Beneficiaries?

See the Disclosure Statement for important information about designating a death beneficiary. The Responsible Individual may change the death beneficiary(ies) designated at any time after the Coverdell Education Savings Account is established by filing a Coverdell ESA Death Beneficiary Change Request Form with the Custodian. Any such subsequent death beneficiary change will revoke all prior death beneficiary designations.

Single Primary Death Beneficiary - If the only named primary death beneficiary does not qualify for benefits on the date of the Student's death, the Coverdell Education Savings Account will pass to the named contingent death beneficiaries (if any). If no primary or contingent death beneficiary qualifies for benefits on the date of the Student's death, the Coverdell Education Savings Account will pass to the Student's estate (unless otherwise required under the laws of the state of the Student's residence).

Multiple Primary Death Beneficiaries - If more than one primary death beneficiary is named and a primary death beneficiary does not qualify for benefits on the date of the Student's death, the remaining primary death beneficiaries will receive the non-qualified primary beneficiary's share in proportion to the relative percentage share of the remaining primary death beneficiaries. If no primary death beneficiaries qualify for benefits, the Coverdell Education Savings Account will pass to the named contingent death beneficiaries (if any). If no primary or contingent death beneficiary qualifies for benefits on the date of the Student's death, the Coverdell Education Savings Account will pass to the Student's estate (unless otherwise required under the laws of the state of the Student's residence).

If the Coverdell Education Savings Account is to pass to the Student's estate, the Responsible Individual may instead name a new Student for the account, provided the Responsible Individual does so within 30 days of the initial Student's death.

To "qualify" for benefits (or to be a Student of the account), an individual must, on the date of the initial Student's death, (i) be living, (ii) be under age 30 (or older with special needs) and (iii) be a member of the Student's family. See the Disclosure Statement for a description of the Student's family members who can be qualified death beneficiaries.

Contact Information:

Online: hartfordfunds.com

Telephone: 1-888-843-7824

Fax: 1-888-802-0039

Attn: Hartford Funds

(Note: Medallion Signature Guarantee stamp cannot be faxed)

Section A - Student and Responsible Individual Information

Account Number	Telephone Number	
Student Name	Student Social Security Number	Student Date of Birth (mm/dd/yyyy)
Responsible Individual Name	Responsible Individual Social Security Number	Responsible Individual Date of Birth (mm/dd/yyyy)
Responsible Individual's Residential Address		
City	State	Zip Code

Section B - New Primary Death Beneficiary Designation

If this section is not completed and a primary death beneficiary is currently designated for the Coverdell ESA, that designation will remain in effect. By completing this section, all prior primary death beneficiary designations will be replaced on the account specified in Section A.

If more than one primary death 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 death 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 Social Security Number	Relationship to Student	% of Benefit
				_____ %
				_____ %
				_____ %
				_____ %

Section C - New Contingent Death Beneficiary Designation

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

By completing this section, all prior contingent death 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 Social Security Number	Relationship to Student	% of Benefit
				_____ %
				_____ %
				_____ %
				_____ %

Section D - Authorization/Acknowledgment and Taxpayer Identification Number Certification

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 death beneficiary change request form during the lifetime of the Student.

Responsible Individual Signature

Date (mm/dd/yyyy)

Power of Attorney Signature (if applicable)

Date (mm/dd/yyyy)

Note: All death beneficiary changes become effective on the date that we receive a complete and valid request, provided the Student is living on that date.

Have you...

- completed Section A providing Student and Responsible Individual information?
- completed all of Section B and/or C, as applicable, including the date of birth and last four digits of each death beneficiary's SSN?
- completed Section D by signing the form?
- signed and dated the form in Section D and received a signature guarantee if the Power of Attorney is acting on behalf of the account owner?

**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

Customer Privacy Notice
The Hartford Insurance Group, Inc. and Affiliates
(herein called “we, our, and us”)

This Privacy Policy applies to our United States Operations

We value your trust. We are committed to the responsible:

- a) management;
 - b) use; and
 - c) protection;
- of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
 - b) your address;
 - c) your income;
 - d) your payment; or
 - e) your credit history;
- may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

- a) our insurance companies;
- b) our employee agents;
- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
 - b) market our services;
- to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

- a) independent agents;
 - b) brokerage firms;
 - c) insurance companies;
 - d) administrators; and
 - e) service providers;
- who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We, and third parties we partner with, may track some of the pages **You** visit through the use of:

- a) cookies;
- b) pixel tagging; or
- c) other technologies.

For more information, our Online Privacy Policy, which governs information we collect on our website and our affiliate websites, is available at <https://www.thehartford.com/online-privacy-policy>.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) “opt-out;” or
 - b) “opt-in;”
- as required by law.

We only disclose **Personal Health Information** with:

- a) your authorization; or
- b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:

- a) underwriting policies;
- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
 - b) the integrity of;
- Personal Information** that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;

- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data; and
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our privacy policies and procedures may be subject to discipline, which may include termination of their employment with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

As used in this Privacy Notice:

Application means your request for our product or service.

Personal Financial Information means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

Personal Financial Information may include Social Security Numbers, Driver's license numbers, or other government-issued identification numbers, or credit, debit card, or bank account numbers.

Personal Health Information means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

Personal Information means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

Transaction means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

You means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
 - b) applying for; or
 - c) obtaining;
- a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

If you have any questions or comments about this privacy notice, please feel free to contact us at The Hartford – Consumer Rights and Privacy Compliance Unit, One Hartford Plaza, Mail Drop: HO1-09, Hartford, CT 06155, or at ConsumerPrivacyInquiriesMailbox@thehartford.com.

This Customer Privacy Notice is being provided on behalf of The Hartford Insurance Group, Inc. and its affiliates (including the following as of February 2025), to the extent required by the Gramm-Leach-Bliley Act and implementing regulations:

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