Hartford Funds SIMPLE IRA Adoption Agreement
Non-Designated Financial Institution Plan

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.

In some cases it may be necessary for you to provide documentary evidence, such as an image of your driver's license or passport, to satisfy the identity verification requirement.

Purpose

To open a SIMPLE IRA account.

Non-Designated Financial Institution Plan: Each eligible employee will establish a SIMPLE IRA with the financial institution of his or her choice. Contributions are transferred by the employer to each eligible employee's SIMPLE IRA.

Special Note

Hartford Funds does not accept new accounts in share classes A or C that do not have a designated financial professional. Therefore, this application will be rejected if Section I is not completed in its entirety.

Section A - SIMPLE IRA Registration

Owner's Name	Owner's Date of Birth (mm/dd/yyyy)		
Social Security Number	Telephone Number		
Permanent Address (P.O. Boxes not allowed)	City	State	ZIP Code
Mailing Address (if different than permanent address)	City	State	ZIP Code

Section B - 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

Section C - Employer Information

Name of Employer	Group Number		
Mailing Address of Employer	City	State	ZIP Code
Name of Plan Contact Person	Telephone Number of Plan Contact Person		

Section D - Fund Selection

Make your fund selection in the table below. For a guide to fund names and numbers, please refer to **Fund List AC_IRA**, which is available on our website at Hartfordfunds.com.

Please use whole percentages that together total 100%. All future payments will be applied based on the selected funds unless otherwise instructed.

☐ Check here if this is a transfer from another SIMPLE IRA

Date of Employee's first contribution to the SIMPLE IRA Plan: _____/_____/_____

Approximate dollar amount for any incoming transfer: $_____

Fund Number	Dollar Amount	Percentage	Fund Number	Dollar Amount	Percentage
_____	$ _____	or _____%	_____	$ _____	or _____%
_____	$ _____	or _____%	_____	$ _____	or _____%
_____	$ _____	or _____%	_____	$ _____	or _____%
_____	$ _____	or _____%	_____	$ _____	or _____%
			TOTAL INVESTMENT:	$ _____	or _____%

Section E - Reduced Sales Charge

Hartford Funds allows all employee SIMPLE IRA A-share accounts to be combined for the purpose of Rights of Accumulation. If you have eligibility questions, please contact us at 888-843-7824.

Section F - Electronic Delivery

For your convenience, certain account documents can be delivered to you electronically instead of by U.S. Mail. After receiving your new account confirmation, visit **hartfordfunds.com/myaccount** to set up online account access and enroll in electronic delivery.

Section G - Beneficiary Instructions

Use an additional page if necessary. I hereby designate the person(s) named below as Primary Beneficiary(ies) in accordance with the SIMPLE IRA Custodial Agreement. If no Primary Beneficiary survives me, I hereby designate the person(s) named below as Contingent Beneficiary(ies). This Designation of Beneficiary may have important tax or estate planning implications.

Important: If you are a married account owner who currently resides (or previously resided) in a community property state, a marital property state, or a community property jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Puerto Rico or Guam), you may need to obtain your spouse's consent if you have not designated your spouse as Primary Beneficiary for at least half of your SIMPLE IRA. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a qualified tax or legal advisor.

☐ I am not married - I understand that if I become married in the future, I may need to complete and send a new Hartford Funds IRA Beneficiary Change Form (MF-10057).

Please use whole percentages that together total 100%.

Primary Beneficiaries

First Name, Middle Initial, Last Name	Date of Birth or Date of Trust (mm/dd/yyyy)	Social Security Number	Relationship to Shareholder	% of Account
			☐ Spouse ☐ Trust ☐ Other	_____%
			☐ Spouse ☐ Trust ☐ Other	_____%
			☐ Spouse ☐ Trust ☐ Other	_____%
			☐ Spouse ☐ Trust ☐ Other	_____%

Contingent Beneficiaries (optional)

First Name, Middle Initial, Last Name	Date of Birth or Date of Trust (mm/dd/yyyy)	Social Security Number	Relationship to Shareholder	% of Account
			☐ Spouse ☐ Trust ☐ Other	_____%
			☐ Spouse ☐ Trust ☐ Other	_____%
			☐ Spouse ☐ Trust ☐ Other	_____%
			☐ Spouse ☐ Trust ☐ Other	_____%

Spousal Consent of Beneficiary Designation

If you are married to the SIMPLE IRA account owner and he or she has designated a beneficiary(ies) other than you, please consult your financial professional about the state law and tax law implications of this beneficiary designation, including the need for your consent.

By signing below you indicate that you are the spouse of the individual named in Section A and that you consent to the designated beneficiary(ies). Hartford Administrative Services Company and its affiliates, including Hartford Funds, is not responsible for determining whether an account owner is married and is a resident of a jurisdiction in which community property rules apply.

_____ _____ _____

Spouse's Name (print) Spouse's Signature Date Signed (mm/dd/yyyy)

Section H - SIMPLE IRA Agreement

I (i) have received this form and accept its terms; (ii) am of legal age and legal capacity; (iii) agree that an annual maintenance fee as described in the Hartford Funds SIMPLE IRA Disclosure Statement (with a maximum fee of $25 for accounts below $10,000) will be deducted from my IRA unless I have paid the fee separately; and (iv) appoint UMB Bank, n.a. as Custodian. I understand that if I invest in the Funds directly with the transfer agent, in addition to the annual maintenance fee, I will also be charged a $30 annual direct account fee on or about June 1 each year, which will be deducted automatically from my account.

I acknowledge that I have sole responsibility for my investment choices and that I have received a current Prospectus for each fund I select. I understand that I need to read the Prospectus(es) of the fund(s) selected before investing.

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, the Participant, adopt an agreement establishing a SIMPLE Individual Retirement Account ("IRA"). The terms are described in the SIMPLE IRA Custodial Agreement ("Custodian Agreement"). I acknowledge that I have received and read the Custodian Agreement. I understand that the Custodian Agreement will govern my SIMPLE IRA established pursuant to this adoption agreement and investing in the above-named fund and in any other fund that I may subsequently select for this SIMPLE IRA.

I acknowledge that I have also received the SIMPLE IRA Disclosure Statement required by IRS Regulations section 1.408-6. I understand that I am entitled to revoke my individual retirement account during the seven-day revocation period and that such timely revocation will enable me to receive back the entire amount contributed without reduction for fees, commissions, other expenses or market value fluctuation. The seven-day revocation period begins on the earlier of the day I sign this adoption agreement or the day Hartford Funds receives this adoption agreement. I understand that written notice of revocation must be addressed to the Custodian at the address listed on the adoption agreement and must either be received by the Custodian, or postmarked, by the close of the seven-day revocation period.

Escheatment: Ownership of your account may be transferred to your state of residence as abandoned property if your statements or other mailings are undeliverable, or no activity occurs in the account within the time frame specified by the relevant state laws. Such transfers of abandoned property may also be subjected to federal tax withholding.

Custodian Acceptance: UMB Bank, n.a. will accept appointment as Custodian. However, this agreement is not binding upon the Custodian until the Participant has received a confirmation of the initial purchase of fund shares for the account or other written notification. Receipt by the Participant of the confirmation of the purchase of the fund shares indicated above will serve as notification of UMB Bank, n.a. acceptance of appointment as Custodian.

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.

Annual Maintenance Fee

☐ I am enclosing a separate check for the IRA annual maintenance fee as described above and in the Hartford Funds SIMPLE IRA Disclosure Statement, made payable to Hartford Funds.

Owner's Name (print) _____ Owner's Signature _____ Date Signed (mm/dd/yyyy) _____

Section I - To be Completed by Financial Professional (required)

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

Registered Representative's Name (print) _____ Registered Representative's Signature _____ Date Signed (mm/dd/yyyy) _____

Authorized Principal's Name (print) (if required by your broker/dealer) _____ Authorized Principal's Signature (if required by your broker/dealer) _____ Date Signed (mm/dd/yyyy) _____

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 **Personal 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:

1stAGChoice, Inc.; Access CoverageCorp, Inc.; Access CoverageCorp Technologies, Inc.; Business Management Group, Inc.; Cervus Claim Solutions, LLC; First State Insurance Company; FTC Resolution Company LLC; Hart Re Group L.L.C.; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford Asia Limited; Hartford Casualty General Agency, Inc.; Hartford Casualty Insurance Company; Hartford Corporate Underwriters Limited; Hartford Fire General Agency, Inc.; Hartford Fire Insurance Company; Hartford Funds Distributors, LLC; Hartford Funds Management Company, LLC; Hartford Funds Management Group, Inc.; Hartford Holdings, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford Insurance, Ltd.; Hartford Integrated Technologies, Inc.; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Lloyd's Corporation; Hartford Lloyd's Insurance Company; Hartford Management, Ltd.; Hartford Management (UK) Limited; Hartford Productivity Services LLC; Hartford Singapore Pte. Ltd; Hartford of the Southeast General Agency, Inc.; Hartford of Texas General Agency, Inc.; Hartford Residual Market, L.C.C.; Hartford Specialty Insurance Services of Texas, LLC; Hartford STAG Ventures LLC; Hartford Strategic Investments, LLC; Hartford Underwriters General Agency, Inc.; Hartford Underwriters Insurance Company; Hartford Underwriting Agency Limited; Heritage Holdings, Inc.; Heritage Reinsurance Company, Ltd.; HLA LLC; Horizon Management Group, LLC; HRA Brokerage Services, Inc.; Lattice Strategies LLC; Maxum Casualty Insurance Company; Maxum Indemnity Company; Maxum Specialty Services Corporation; Millennium Underwriting Limited; MPC Resolution Company LLC; Navigators Holdings (UK) Limited; Navigators Insurance Company; Navigators Management Company, Inc.; Navigators Specialty Insurance Company; Navigators Underwriting Limited; New England Insurance Company; New England Reinsurance Corporation; New Ocean Insurance Co., Ltd.; NIC Investments (Chile) SpA; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Pacific Insurance Company, Limited; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; The Navigators Group, Inc.; Trumbull Flood Management, L.L.C.; Trumbull Insurance Company; Twin City Fire Insurance Company; Y-Risk, LLC.

Fax this completed form to (888) 802-0039, or mail it to the appropriate address below.

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.

Following a significant business disruption, Hartford Funds will execute its **Business Continuity Plan** with the goal of recovering and resuming operations as quickly as possible given the scope and severity of the disruption. For further information regarding our Business Continuity Plan, please visit the Business Continuity section of our website at www.hartfordfunds.com or contact Hartford Funds at the above number.