

# Hartford Funds - IRA Required Minimum Distribution (RMD) Request Form Use Only for IRA Plans with UMB Bank, n.a. as Custodian

**HARTFORDFUNDS**

Our benchmark is the investor.®

Use this form to request an IRA Required Minimum Distribution (RMD). Please read the instructions carefully to complete the form. Hartford Funds strongly recommends that you consult with your qualified tax professional for any tax questions pertaining to distributions taken from your retirement plans. A separate RMD request must be completed for each qualified mutual fund account from which a minimum distribution will be taken. These instructions apply only to the account owner, not to beneficiaries.

## General Information

The age as of when you must begin receiving required minimum distributions changed for taxable years beginning after December 31, 2019. If you attain age 70½ after December 31, 2019, the age at which you must begin required minimum distributions is now age 72. However, if you did attain at least age 70½ by December 31, 2019, the new age 72 requirement does not apply and you must continue to take your required minimum distribution. References to "RMD" below refer to 70½ or 72 as applicable based on your particular circumstance.

## Rollover/Transfer Monies

If assets were rolled over/transferred from another company during the current tax year and you prefer that Hartford Funds calculate the RMD amount on these assets, you must submit a copy of the year-end statement from the previous company to provide us with the December 31st balance. If the year-end statement is not available, provide the year-end value in Section E - Direct Transfer/Rollovers, Prior Year-End Value Information. If the previous company's year-end balance is not provided, the RMD calculation will be based on the amount represented by rollover/transfer assets received for the current tax year, which may or may not be the correct RMD amount. RMD requests received in good order will be processed on the date received unless Hartford Funds is otherwise instructed.

## Section A - Hartford Funds Account Owner Information

Owner Name	Account Number	Date of Birth (mm/dd/yyyy)	
Residential Address (required)	City	State	ZIP Code
Owner Social Security	Telephone Number		

## Section B - Method for Calculating Annual Required Minimum Distribution (RMD) Amount

To calculate the RMD for the current tax year for an IRA account, the December 31 value of the prior tax year is divided by the applicable distribution factor taken from the IRS "Uniform Life Table" unless a special exception applies as described below. If your spouse has been sole primary beneficiary since the start of the year and is more than 10 years younger than you, and you would like us to calculate your RMD, please provide spouse's date of birth (mm/dd/yyyy): \_\_\_\_\_

## Section C - Distribution Election

Select one of the following two options:

**Option 1 - Enroll in the Automatic Required Minimum Distribution Program**

This program is for mutual fund IRA account owners who wish to receive only the amount necessary to satisfy their annual RMD requirement from their Hartford Funds IRA account.

Payments will continue while the owner is living unless a request to terminate the program is received. Upon your death, your beneficiary(ies) RMD payments will depend on the identity of the beneficiary and the current IRS rules in effect at the time of death.

Payments will be distributed proportionately based on the values in each investment selection.

Select only one of the following:

Calculate the RMD for the current tax year and all subsequent tax years.

I qualified under IRS rules to defer my first RMD until April 1, \_\_\_\_\_ (no later than the April 1st of the year after the calendar year in which you reach RMD Age). Calculate and distribute the RMD for the prior tax year, current tax year, and all subsequent tax years, using the current IRS regulations. Hartford Funds determines the current tax year by when the form is signed and dated.

# Hartford Funds - IRA RMD Request Form

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Account Number: \_\_\_\_\_

**Payment Frequency** (select one):

- Monthly     
  Quarterly     
  Semi-annually     
  Annually

Please begin my payments on (mm/dd/yyyy) \_\_\_\_\_. If you do not indicate a date, the payment will run on the 10th of the month based on the payment frequency.

**Option 2 - Lump Sum Distribution** (select only one of the following)

RMD requests received in good order will be processed on the date received unless otherwise instructed.

If you are eligible and elect to defer your first IRA RMD amount to April 1 of the calendar year following the year in which you have reached RMD Age, only the first year's RMD amount will be distributed unless otherwise instructed. A new RMD request form will need to be submitted to withdraw the second RMD prior to December 31.

Any amount in excess of the RMD amount may be subject to appropriate charges.

- Calculate the amount and distribute my first RMD for the current tax year only (no later than the April 1st of the year after the calendar year in which you reach RMD Age).  
 I qualified under IRS rules to defer my RMD until April 1, \_\_\_\_\_. Calculate and distribute the RMD for the prior tax year and current tax year. Hartford Funds determines the current tax year by when the form is signed and dated.  
 I request a withdrawal of \$\_\_\_\_\_ for the current tax year. I understand that any amount requested in excess of the RMD may be subject to Contingent Deferred Sales Charges.

**Indicate how you would like the lump sum distributed:**

**Note:** If nothing is selected, we will default to option a.

- a. Distribute RMD amount proportionately based on the current values in each investment selection.  
 b. Distribute lump sum according to fund selection below:

Fund Name	Class	Dollar Amount	Number of Shares	Percentage
		\$	or	or %
		\$	or	or %
		\$	or	or %
		\$	or	or %

**Section D - Income Tax Withholding** (Substitute W4-P, OMB No. 1545-0074)

**Federal Income Tax Withholding**

Unless otherwise instructed, Hartford Funds will withhold the minimum amount required for federal income tax as indicated in this section. The distribution you receive may be subject to additional federal income tax withholding. You may direct Hartford Funds not to withhold taxes. You may also be subject to tax penalties under the estimated payment rules if your payment of estimated tax and withholding are not adequate.

If federal income tax is withheld, Hartford Funds may be required to withhold state income tax from your distribution based upon state tax law for your state of residency. Your state of residency is determined by the legal address of record on your account.

Federal law requires that a minimum of 10% federal income tax must be withheld from taxable distributions, unless you elect not to have taxes withheld. Even if you elect not to have taxes withheld, you are liable for federal income tax and state income tax, if applicable, on the taxable portion of the distribution. You may also be subject to tax penalties under the estimated tax penalty rules if your estimated tax and other withholding, if any, are not adequate. Your signature on this Election Form acknowledges you having read this notice.

Please select one of the following. If nothing is checked, federal income taxes will automatically be withheld at 10%:

- Do not withhold taxes  
 Withhold 10%  
 Withhold the following amount \$    ,    .   or \_\_\_\_\_%

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## State Income Tax Withholding

Hartford Funds may be required to withhold state tax from your distribution based upon state tax law for your state of residency. Your state of residency is determined by the legal address of record on your account.

**We recommend that you contact your tax advisor regarding your tax withholding elections, and to answer any questions that you may have regarding your state's withholding laws.**

If you have elected to have your required minimum distributions distributed automatically, you may revoke or change your federal and state withholding elections at any time. To do so, please contact Hartford Funds in writing or call us at 1-888-843-7824.

## Section E - Direct Transfer/Rollovers, Prior Year-end Value Information (complete if applicable)

Ideally, the Required Minimum Distribution for the current year should be taken from your previous company prior to transferring/rolling qualified assets to Hartford Funds.

If the RMD for the current year was not taken prior to the qualified asset transfer/rollover from another company and you elect to have Hartford Funds calculate the current year's RMD amount, you must submit a copy of the prior year-end statement from the previous company to provide us with the December 31st balance.

If the year-end value is not provided, the RMD calculation will be based on the gross assets represented by rollover/transfer assets received for the current tax year, which may or may not be the correct RMD amount.

- Attached is a copy of the prior year-end statement(s) from my previous company. This value should be used for calculating the RMD amount for the current tax year.
- The prior year-end statement was not available. The amount which should be used for calculating the RMD amount for the current year is \$ \_\_\_\_\_

## Section F - Distribution/Payment Instructions

Unless instructed otherwise, your RMD amount will be mailed to your current address of record.

You have the option to reinvest your RMD from your qualified IRA account with Hartford Funds into a non-qualified account with Hartford Funds. If you reinvest into the same class of shares, your purchase into the non-qualified account is not subject to a sales charge, and will be invested at Net Asset Value (NAV). Please note that if you reinvest the RMD payment in this manner, the RMD will still be taxable income to you.

If you elect to reinvest your RMD with Hartford Funds, and do not have an existing non-qualified mutual fund account, you must return a completed account application with the RMD form. Applications are available on our website at [www.hartfordfunds.com](http://www.hartfordfunds.com). Please refer to the prospectus for minimum initial investment amounts.

1.  Send RMD check(s) to my current address of record.  
 Forward my RMD check(s) to the following address (if other than address of record, a Medallion Signature Guarantee is required):

Mailing Address	City	State	Zip
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- Permanent Address Change       Temporary Address Change (if nothing is checked, address will not be changed)

2.  I elect to have my RMD reinvested into a Hartford Funds non-qualified account (select one of the following):
  - a. I do not have an existing Hartford Funds account. Enclosed is a completed Hartford Funds application. Please establish a new account with the proceeds from the RMD.
  - b. My existing Hartford Funds account number is \_\_\_\_\_. Apply the proceeds to the following fund(s):

Fund Name and Class or Fund Number	Percentage	Fund Name and Class or Fund Number	Percentage
	%		%
	%		%
	%		%

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Account Number: \_\_\_\_\_

3.  I elect to have my RMD deposited to my Checking/Savings Account via ACH.

If banking instructions are not already on your account, you must provide bank instructions. Please attach a voided check if deposits are to be made to a checking account or a deposit slip.

**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.

Name of Financial Institution	
Account Number at Financial Institution	Bank Routing Number (must be 9 digits - attach a voided check)
Account Type (please select one)	<input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a deposit slip)
Bank Account Owner(s)	

**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

John Q. Public 0000  
123 Main Street  
Anywhere, ST 00000-0000

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

Any Bank  
Any Town, ST 00000

MEMO \_\_\_\_\_

|:0000000000:| 0000000000 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.

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Account Number: \_\_\_\_\_

## Section G - Authorization/Acknowledgment

I, the undersigned, agree to the terms and conditions of the Automatic RMD Program (if elected) and fully understand that I am ultimately responsible for satisfying RMD requirements each year, and that failure to meet the RMD requirements may result in tax penalties. I am authorizing Hartford Funds to follow the instructions as selected above.

I understand that Hartford Funds is not providing me investment advice. I understand that Hartford Funds is not acting as a fiduciary.

These materials are not intended to provide tax, accounting or legal advice. As with all matters of a tax or legal nature, you should consult your own tax or legal counsel for advice.

\_\_\_\_\_  
Account Owner/Power of Attorney Signature

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

**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  
430 W 7th Street Suite 219060  
Kansas City, MO 64105-1407