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.®

Purpose

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 January 1, 2023. If you attain age 73 after December 31, 2022, the age at which you must begin required minimum distributions is now age 73. However, if you did attain at least age 72 by December 31, 2022, the new age 73 requirement does not apply and you must continue to take your required minimum distribution. References to "RMD" below refer to 72 or 73 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.

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 - 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 professional regarding your tax withholding elections, and to answer any questions that you may have regarding your state's withholding laws.

Section E - Federal Income Tax Withholding (Required)

Federal tax law requires us to with hold a default rate of 10% of the taxable amount of distributions made to payees within the United States unless you select a different rate.

For distributions outside the United States, the default withholding rate is 10%. You can choose to have a different rate, but you generally can't choose a rate of less than 10% for payments delivered outside the United States and its territories.

For distributions to nonresident aliens, federal tax law generally requires us to withhold a default rate of 30% of the taxable amount of the distribution. Do not use Form W-4R. See IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Publication 519, U.S. Tax Guide for Aliens, for more information.

Complete the attached Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, to indicate your federal tax withholding election. Use whole percentages only. Return the completed and signed Form W-4R with this completed and signed IRA distribution request form. If Form W-4R is not returned, incomplete, or indicates partial percentage withholding, we must withhold 10% of the payment for federal income tax and we cannot honor requests to have a lower (or no) amount withheld.

If you have enrolled in the Automatic Required Minimum Distribution Program, you may change your federal withholding election at any time by calling us at (888) 843-7824 or by completing and submitting a new Form W-4R. You can obtain another copy of Form W-4R at www.irs.gov/forms-instructions.

Section F - 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 G - Distribution/Payment Instructions

Unless instructed otherwise, your RMD amount will be mailed to your current address of record. A Medallion Signature Guarantee is required if the address has been changed within the past 30 days and the distribution is more than $1,000.

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. 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

☐ 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
	%		%
	%		%
	%		%

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

If banking instructions are not already on your account, an original voided check or a deposit slip is required.

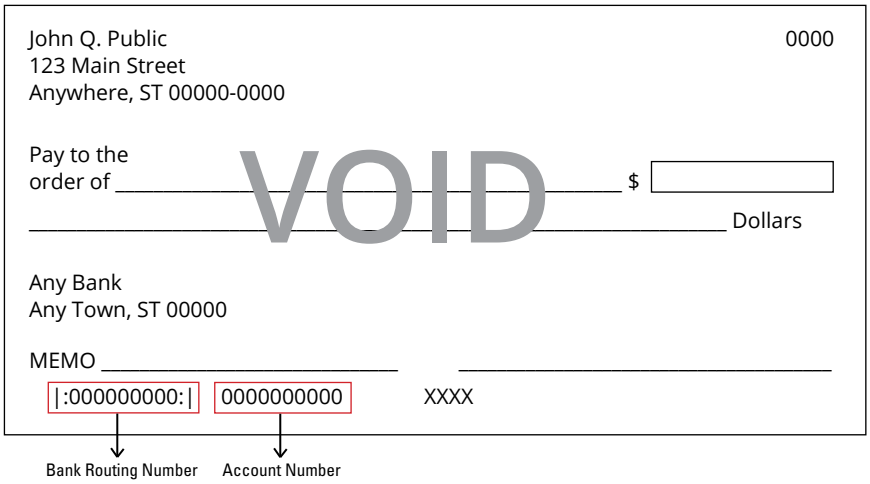
Important: By signing this paperwork, you agree and confirm that your use of the Automated Clearing House ("ACH") Network will not result in transfers to or from a financial institution outside of the United States. You also understand it is your responsibility to notify Hartford Funds if any changes to your status occur that may require funds to be sent to or from a financial institution outside of the United States.

Account Number: _____

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)	☐ Checking (attach a voided check) ☐ 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



Attach an original voided check here. Please use tape instead of staples.

- No faxed copies allowed.
- 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.

Section H - 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.

I certify that I am the individual authorized to make these elections and that all information provided is true and accurate. I have also completed and signed Form W4-R to indicate my federal income tax withholding election and that I will return it with this form to the address provided below.

I also certify that that the action directed on this form complies with the terms of the Individual Retirement Account Custodial Agreement that governs my IRA.

I further agree that neither Hartford Funds nor any of its agents, including the IRA custodian and the funds' sub-transfer agent, has given me tax or legal advice, and that all decisions regarding the elections made on this form are my own.

I also agree that neither Hartford Funds nor its agents are in any way responsible for my elections on this form and shall be indemnified and held harmless for any tax, legal or other consequences of the elections I made on this form.

I accept full responsibility for complying with all IRS requirements regarding distributions from my IRA.

Hartford Funds and/or its agents are hereby authorized and directed to distribute funds from my account in the manner I requested.

Hartford Funds and/or its agents may conclusively rely on this authorization without further investigation or inquiry.

I expressly assume responsibility for any adverse consequences which may arise from the elections on this form.

Medallion Signature Guarantee Stamp Here

_____ _____

Account Owner's Signature Date Signed (mm/dd/yyyy)

Medallion Signature Guarantee Stamp Here
(required for POA, Guardian or Conservator)

_____ _____

Authorized Signer (optional) Date Signed (mm/dd/yyyy)
Required Format: John Doe (POA) fbo Jane Doe

If a Medallion Signature Guarantee is required for processing, mail paperwork to the address below. Medallion Signature Guarantees cannot be faxed.

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.

Form **W-4R**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074

2026

1a First name and middle initial	Last name	**1b Social security number**

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	**2**	%

Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to *www.irs.gov/FormW4R*.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2026 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		**Married filing jointly or Qualifying surviving spouse**		**Head of household**	
Total income over—	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**
$0	**0%**	$0	**0%**	$0	**0%**
16,100	**10%**	32,200	**10%**	24,150	**10%**
28,500	**12%**	57,000	**12%**	41,850	**12%**
66,500	**22%**	133,000	**22%**	91,600	**22%**
121,800	**24%**	243,600	**24%**	129,850	**24%**
217,875	**32%**	435,750	**32%**	225,900	**32%**
272,325	**35%**	544,650	**35%**	280,350	**35%**
656,700*	**37%**	800,900	**37%**	664,750	**37%**

*If married filing separately, use $400,450 instead for this 37% rate.

General Instructions *(continued)*

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including "-0-"). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying "hardship" distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be $20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be $70,000 without the payment. Step 1: Because your total income without the payment, $70,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, $90,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be $60,000 without the payment. Step 1: Because your total income without the payment, $60,000, is greater than $28,500 but less than $66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, $80,000, is greater than $66,500 but less than $121,800, the

corresponding rate is 22%. The two rates differ. $6,500 of the $20,000 payment is in the lower bracket ($66,500 less your total income of $60,000 without the payment), and $13,500 is in the higher bracket ($20,000 less the $6,500 that is in the lower bracket). Multiply $6,500 by 12% to get $780. Multiply $13,500 by 22% to get $2,970. The sum of these two amounts is $3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the $20,000 payment ($3,750 divided by $20,000). Enter "19" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.