

Systematic Withdrawal Plan Enrollment Form for Hartford Funds Accounts

HARTFORDFUNDS

Our benchmark is the investor.®

Use this form to establish a systematic withdrawal enrollment from Hartford Funds Accounts.

Do not use this form for 403(b) plans or IRA Plans with UMB Bank, n.a. as Custodian. Requests may be submitted via fax to Attn: Hartford Funds at 1-888-802-0039.

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 - Mutual Fund Account Owner Information

Owner's Name	Account Number	Owner's Date of Birth (mm/dd/yyyy)	
Residential Address (required)			
City		State	ZIP Code
Owner Social Security or Tax Identification Number		Owner's Phone Number	
Joint Account Owner Name (if applicable)		Joint Account Owner Social Security Number	

Section B - Systematic Withdrawal

Periodic withdrawals of \$50 or more are available only for accounts with balances of \$5,000 or more. You may request a specific dollar amount or annualized percentage of the market value of your account to be withdrawn on the day of the month specified (any day, 5th through 28th).

Deferred sales charges may apply to some redemptions as described in the prospectus.

☐ I wish to activate the systematic withdrawal plan for the Hartford Funds Account Number: _____

Begin my systematic withdrawal plan on: (mm/dd/yyyy) _____ (If no date is chosen, the program will run on the 10th of each month.)

Select a payment frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

☐ I would like my distributions to represent an annualized percentage of the account(s) listed. Specify percent: _____%

☐ I wish to receive a total of \$_____ each payout, distributed from the funds as specified below.

Make your fund selection in the table below. For a complete list of funds, please refer to **Fund List AC**, which is available on our website at Hartfordfunds.com

Hartford Fund Name	Start Date (mm/dd/yy)	Class: _____	
		Amount	Fund Number
		\$	
		\$	
		\$	
		\$	

TOTAL: \$ _____**Section C - Cost Basis Information for Non-Qualified Accounts**

Shares in your account will be removed using the cost basis method you have elected on each fund and account. If you have not made an election, Hartford Funds will use the default method of average cost. If you would like to change the method listed on your account, please complete the Cost Basis Election Form (MF-10087) and send with this form. Hartford Funds cannot offer tax advice. You should consult with a qualified tax advisor to determine the method that makes the most sense for you, or if you have tax questions regarding your account.

Section D - Delivery Instructions

Select one of the following options:

1. ☐ Forward check to my current address of record
☐ Forward check to the following address: (if other than address of record, a Medallion Signature Guarantee Stamp is required in Section E)

Mailing Address	City	State	ZIP Code
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If neither box is checked, address will not be changed: ☐ Permanent Address Change ☐ Temporary Address Change

2. ☐ Forward check to an alternate payee (A Medallion Signature Guarantee stamp is required in section E).

Payee Name			
Mailing Address	City	State	ZIP Code

3. ☐ Deposit into bank account via ACH

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.

- ☐ Deposit to the current bank account of record
☐ Deposit to the bank account below (all fields below are required)

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)	

John Q. Public 123 Main Street Anywhere, ST 00000-0000		0000
Pay to the order of _____ \$ _____		
Any Bank Any Town, ST 00000		
MEMO _____		
:000000000:	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.

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.

Section E - Authorization/Acknowledgment

A Medallion Signature Guarantee stamp is required in the following circumstances: 1) For each occurrence that is more than \$100,000 per fund. 2) You request the payment be sent to an address other than the address of record. 3) You are requesting payment be sent by ACH to a bank registration that does not match your account registration or your bank information has been added or updated on the record within the past 30 days. 4) You are requesting payment be made payable to a party other than the registered owner(s).

You must have the account owner(s) signature(s) guaranteed by a guarantor of a national bank or member firm of a domestic stock exchange. The guaranteed signatures must be identical to the registration on the account. **You cannot substitute a notarized, witnessed, verified or certified signature.**

Account Owner Signature_____
Date Signed (mm/dd/yyyy)

Medallion Signature Guarantee Stamp Here

Joint Account Owner Signature_____
Date Signed (mm/dd/yyyy)

Medallion Signature Guarantee Stamp Here

Power of Attorney Signature (if applicable)
Ex: Jane Doe as POA for John Doe_____
Date Signed (mm/dd/yyyy)

Medallion Signature Guarantee Stamp Here

Have you...

- completed the account owner information in Section A?
- completed Section B to provide systematic withdrawal instructions?
- read Section C and completed the Cost Basis Election Form, if applicable?
- completed Section D to provide us with delivery instructions and included a voided check for ACH, if applicable?
- signed and dated the form in Section E and received a Medallion Signature Guarantee, if applicable?
- if you have signed as a Power of Attorney (POA), received a Medallion Signature Guarantee in Section E

**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