

# Hartford Funds Account Application

## 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 non-retirement account.

### Section A - Account Registration

Please select one of the registration types below:

#### 1. Individual Investors

- Individual
  Joint Tenants with Rights of Survivorship
  Tenants in Common  
 Transfer on Death (TOD)
  UGMA/UTMA State \_\_\_\_\_
  Power of Attorney (POA)

**Note:** If you are opening an account with TOD, you will need to complete the: Hartford Funds Transfer on Death (TOD) Form, (MF-10002).

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

Complete for additional Joint Owners, Minor on an UGMA/UTMA, and Power of Attorney (POA)

Name of Joint Owner, Minor, or POA	Social Security Number	Date of Birth (mm/dd/yyyy)	
Physical Address (P.O. Boxes not allowed)	City	State	ZIP Code

**Note:** If you are opening an account with a POA, you will need to complete the: Hartford Funds Power of Attorney (POA) Form, (MF-10102).

#### 2. Trust Accounts

Name of Trust	Tax Identification Number (TIN)	Date of Trust Agreement
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**Note:** If you are opening an account in the name of a trust you must also complete the: Hartford Funds Trustee Certification Form (MF-10092).

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## 3. Legal Entities

Limited Liability Company   
  C Corporation   
  S Corporation   
  Partnership   
  Non-Profit   
  Statutory Trust  
 Sole Proprietorship   
  Regulated Financial Institution   
  Governmental Entity   
  Estate

Publicly traded:     Yes     No    If 'Yes' was selected, list symbol here: \_\_\_\_\_

If Regulated Financial Institution    Name of Primary Regulator \_\_\_\_\_

Regulatory Registration ID \_\_\_\_\_

Name of Entity	Tax Identification Number (TIN)		
Address (P.O. Boxes not allowed)	City	State	ZIP Code
Name of Primary Contact Person	Telephone Phone Number of Primary Contact Person		
Sole Proprietor Social Security Number (if applicable)	Sole Proprietor Date of Birth (if applicable)		

**Notes:** All legal entities are required to complete the Corporate Resolution Form (MF-10103). If you are opening an account for a Limited Liability Company, C Corporation, S Corporation, Partnership, Statutory Trust, or Non-Profit, you must also complete the Legal Entity Beneficial Ownership Certification Form, (MF-10098) and provide a formation document (e.g. Articles of Incorporation) that proves the legal existence of the entity.

If anyone other than the primary contact person is authorized on the account, a separate resolution that identifies such person(s) must be included.

If the legal entity is a Sole Proprietorship, the Sole Proprietor must provide their date of birth and SSN.

### 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 - Broker/Dealer Information (your financial professional can provide this information)

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

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## Section D - Fund Selection

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

- The minimum investment is \$2,000 per fund, except for the following funds for which the minimum is \$5,000: Environmental Opportunities Fund, Global Impact Fund, Global Real Asset Fund, Emerging Markets Local Debt Fund, and Emerging Markets Multi-Sector Bond Fund.
- A new account in any fund may be opened with just an initial \$250 investment if you establish a subsequent automatic investment of at least \$50 per month (please fill out Section J).
- Please use whole percentages that together total 100%. All future payments will be applied based on the selected funds unless otherwise instructed. All checks should be payable to Hartford Funds. Third-party checks, starter or counter checks, or money orders will not be accepted.
- Provide an 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 _____%
			<b>TOTAL INVESTMENT:</b> \$ _____		

## Section E - Cost Basis Information

Internal Revenue Service (IRS) regulations require fund companies that produce 1099-B tax forms to include, among other things, cost basis reporting and holding period information for any new shares purchased on or after January 1, 2012.

### 1. Cost Basis Methods (review before completing Section E2)

Average Cost (ACST)	Each time you request to remove shares, this method will add the adjusted cost of the shares in the account and divide the total cost by the number of shares to calculate an average cost for each share. Adjustments to cost per share may be due to prior calculations or other transactions. This method averages the cost of uncovered shares separately from covered shares, and will remove all uncovered shares first.
First in, First Out (FIFO)	This method will remove shares based on the order purchased; shares purchased first will be removed first.
Last In, First Out (LIFO)	This method will remove shares based on the order purchased; shares purchased last will be removed first.
High Cost, First Out (HIFO)	This method will remove shares based on the cost per share; shares with the highest cost per share will be removed first.
Low Cost, First Out (LOFO)	This method will remove shares based on the cost per share; shares with the lowest cost per share will be removed first.
Loss/Gain Utilization (LGUT)	This method will remove shares based on the calculated gain or loss per share in the following order: 1. Short-term losses per share, in order of greatest loss per share to least 2. Long-term losses per share, in order of greatest loss per share to least 3. Long-term gains per share, in order of least gain per share to greatest 4. Short-term gains per share, in order of least gain per share to greatest

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### 2. Election Method Selection (complete one option below)

Hartford Funds will apply the default cost basis method of Average Cost (ACST) to all funds and accounts you or your agent do not list below.

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.

When choosing FIFO, LIFO, HIFO, LOFO, or LGUT for your cost basis method, you may override this election by identifying specific lots. Specific lot information must be given to Hartford Funds at the time of the applicable transaction, such as a redemption, exchange, or transfer.

Elect a method for all funds and accounts under the SSN/TIN of the primary owner listed in Section A. This method will also apply to all funds/accounts the primary owner may own in the future.	ACST	FIFO	LIFO	HIFO	LOFO	LGUT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OR</b>						
Elect a different method for each fund included in this request						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section F - Distribution Options

Please select one option below. If no option is chosen, option 1 will be selected.

1.  Reinvest all dividends and capital gains into additional shares in this account
2.  Pay dividends and reinvest capital gains.
3.  Pay capital gains and reinvest dividends
4.  Pay all dividends and capital gains

If option 2, 3, or 4 is chosen, send distributions to:

- Address indicated in Section A
- Bank listed in Section K

5.  Automatic dividend diversification: Diversify my portfolio by automatically investing distributions into other Hartford Funds.

From:

Fund Name	Account Number
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To:

Fund Name	Account Number
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**Note:** For information regarding the frequency of distribution for a particular Fund, please see that Fund's prospectus.

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## Section G - Reduced Sales Charges (if applicable)

**Rights of Accumulation** - to qualify for sales discounts on Class A shares, list below the account numbers of all classes of shares of other Hartford Funds that you or your family (spouse and dependent children) already own.

Account Number	Fund Number	Social Security Number/TIN

**Letter of Intent** - This will allow you to purchase Class A shares of a Fund over a 13 month period and receive the same sales charge as if all shares had been purchased at once.

I plan to invest over a 13-month period following the date of this application an aggregate amount of at least:

\$50,000     
  \$100,000     
  \$250,000     
  \$500,000     
  \$1,000,000

**Note:** Short Duration (Fund 1642) must be \$250,000 or higher to be eligible for sales charge reductions.

Qualify for Net Asset Value - this account qualifies for NAV purchase as described in the fund prospectus.

Please indicate here if it is for:

Employee (please include employer's name): \_\_\_\_\_

Employee spouse or minor child

Other (please explain): \_\_\_\_\_

## Section H - 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](http://hartfordfunds.com/myaccount) to set up online account access and enroll in electronic delivery.

## Section I - Systematic Exchange

Systematic exchanges are only available within the same class of shares. I understand that I can temporarily stop or cancel this service at any time by phone or writing. This request must be received by the first of the month. All exchanges are processed on the 10th of each month. There is a \$250 initial minimum exchange if opening a new fund. The minimum subsequent exchange amount is \$50 per fund.

### 1. Initial Exchange When Opening a New Fund

Initiate the following transfer to the new fund(s) indicated below starting in the month of \_\_\_\_\_.

Transfer money from (source fund):		Transfer money to (destination fund):	
Fund Number	Dollar Amount	Fund Number	Dollar Amount
	\$		\$
	\$		\$
	\$		\$

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## 2. Recurring Exchange or Exchange Into an Existing Fund

Exchange the following on a monthly basis to the Hartford Funds listed below.

Transfer money from (source fund):		Transfer money to (destination fund):	
Fund Number	Dollar Amount	Fund Number	Dollar Amount
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

### Section J - Automatic Investment Plans

#### Automatic Investing from a Bank Account Or Credit Union

Invest the following amount in the following fund(s). Please be sure your bank or credit union allows funds to be withdrawn by means of electronic funds transfer. Please also complete Section K if you have chosen this investment method.

##### 1. Initial investment (a minimum initial investment of \$250 is required)

Check enclosed     Withdraw my initial investment using ACH

Amount of initial investment \$ \_\_\_\_\_                      Initial investment withdrawal date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

##### 2. Recurring investment (A minimum recurring monthly investment of \$50 per fund is required. If amount is left blank, we will default to \$50 per fund.)

Monthly                       Bi-weekly (twice per month): withdraw funds on the \_\_\_\_ and \_\_\_\_ of each month (1st - 28th)  
 Quarterly                       Semi-annually     Annually

Amount of recurring investment \$ \_\_\_\_\_                      Start date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (1st - 28th)

Fund Number	Dollar Amount	Percentage	Fund Number	Dollar Amount	Percentage
_____	\$ _____	or _____%	_____	\$ _____	or _____%
_____	\$ _____	or _____%	_____	\$ _____	or _____%
_____	\$ _____	or _____%	_____	\$ _____	or _____%
_____	\$ _____	or _____%	_____	\$ _____	or _____%
			<b>TOTAL INVESTMENT:</b> \$ _____		

**Note:** Investments will be made monthly on the day of the month specified (any day, 1st through 28th) as the starting date. If a date is not specified, this option will begin on the 15th of the month. Also, if no funds are selected, the funds and allocations from Section D will be used.

### Section K - Bank Account or Credit Union Information

**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.

All owners of the bank account must sign this form.

Bank account type:     Checking account (attach voided check)  
 Savings account (attach deposit slip)

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Bank or Credit Union Account Number	Bank or Credit Union ABA Routing Number (must be 9 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Bank or Credit Union Account Owner's Name (print)	Bank or Credit Union Account Owner's Signature	Date (mm/dd/yyyy)
Bank or Credit Union Account Joint Owner's Name (print)	Bank or Credit Union Account Joint Owner's Signature	Date (mm/dd/yyyy)

**Note:** If the registration on the bank account is different from the registration on the Hartford Funds account, 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 \_\_\_\_\_

|:000000000:| 0000000000 XXXX

↓                      ↓  
 Bank Routing Number    Account Number

**Attach an original 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.

**Section L - Additional Required Documents** (attach to account application)

**Note:** New accounts for the account types listed below will not be opened unless the additional requirements are included with this account application.

Account Type	Additional Requirement
All Legal Entity Accounts	Hartford Funds Corporate Resolution Form (MF-10103)
Limited Liability Company (LLC), C Corporation, S Corporation, Partnership, Statutory Trust, or Non-Profit	Formation Document (e.g. Articles of Incorporation) Legal Entity Beneficial Ownership Certification Form (MF-10098)
Trust	Hartford Funds Trustee Certification Form (MF-10092)
Power of Attorney	Hartford Funds Power of Attorney (POA) Form (MF-10102)

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## Section M - Signature and Taxpayer Identification Number Certification (required)

I have received and read Hartford Funds' prospectus for each of the Funds I am investing in and believe that the investment is suitable for me.

Neither Hartford Funds nor any of its service providers and/or any employee will be liable for any claims, losses, or expenses for acting on any instructions or inquiries believed to be genuine provided that reasonable security procedures have been followed.

I understand my property may be transferred to the appropriate state if no activity occurs in the account within the time frame specified by state law.

I understand that if I invest in the Funds directly with the transfer agent I will be charged a \$30 annual direct account fee on or about June 1 each year, which will be deducted automatically from my account.

My signature below indicates I have full authority, am of legal age to purchase shares and have received the prospectus for each of the funds selected and agree to the terms therein and herein.

**W-9 Certification** - By signing below you agree that the following certification applies to each person signing unless the person signing has indicated that they are not a U.S. person (for tax purposes) on this form.

**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.**

_____ Owner's Name (print)	_____ Owner's Signature	_____ Date Signed (mm/dd/yyyy)
_____ Joint Owner Name (if applicable) (print)	_____ Joint Owner Signature (if applicable)	_____ Date Signed (mm/dd/yyyy)
_____ Trustee(s) Name (if applicable) (print)	_____ Trustee(s) Signature (if applicable)	_____ Date Signed (mm/dd/yyyy)
_____ Legal Entity Representative Name (if applicable) (print)	_____ Legal Entity Representative Signature (if applicable)	_____ Date Signed (mm/dd/yyyy)
_____ UGMA/UTMA or Custodian Name (if applicable) (print)	_____ UGMA/UTMA or Custodian Signature (if applicable)	_____ Date Signed (mm/dd/yyyy)
_____ Power of Attorney Name (if applicable) (print)	_____ Power of Attorney Signature (if applicable)	_____ Date Signed (mm/dd/yyyy)



**Customer Privacy Notice**  
**The Hartford Financial Services 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;
- and currently do not process or comply with any web browser’s “do not track” signal or other similar mechanism that indicates a request to disable online tracking of individual users who visit our websites or use our services.

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.

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If you have any questions or comments about this privacy notice, please feel free to contact us at The Hartford – Consumer Rights and Compliance Unit, One Hartford Plaza, Mail Drop: T 04.180, Hartford, CT 06155, or at [ConsumerPrivacyInquiriesMailbox@thehartford.com](mailto:ConsumerPrivacyInquiriesMailbox@thehartford.com).

This Customer Privacy Notice is being provided on behalf of The Hartford Financial Services Group, Inc. and its affiliates (including the as of February 2021), to the extent required by the Gramm-Leach-Bliley Act and implementing regulations:

1stAGChoice, Inc.; Access CoverageCorp, Inc.; Access CoverageCorp Technologies, Inc.; Assurances Continentales Continentale Verzekeringen N.V.; Bracht, Deckers & Mackelbert N.V.; Business Management Group, Inc.; Canal Re S.A.; 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 Casualty General Agency, Inc.; Hartford Casualty Insurance Company; 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 Productivity Services LLC; 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; Heritage Holdings, Inc.; Heritage Reinsurance Company, Ltd.; HLA LLC; HL Investment Advisors, 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 (Asia) Limited; Navigators Corporate Underwriters Limited; Navigators Holdings (Europe) N.V.; Navigators Holdings (UK) Limited; Navigators Insurance Company; Navigators International Insurance Company Ltd.; Navigators Management Company, Inc.; Navigators Management (UK) Limited; Navigators N.V.; Navigators Specialty Insurance Company; Navigators Underwriting Agency Limited; Navigators Underwriting Limited; New BDM NV; 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.

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

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**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

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](http://www.hartfordfunds.com) or contact Hartford Funds at the above number.