

Hartford Funds Retirement Asset Transfer/Direct Rollover Form

Purpose

To initiate a transfer or direct rollover of assets from an existing Trustee/Custodian to a Hartford Funds retirement account.

Instructions

IRS rules may limit your ability to transfer assets between certain types of plans. These instructions help you to determine whether a transfer or direct rollover of assets is proper. Note that these instructions do not describe all the limitations that may apply. In addition, these instructions do not address the rules that apply to rollovers of amounts that have been distributed to you, as the Retirement Asset Transfer/Direct Rollover Form does not apply in that situation. **Caution:** Generally, you can roll over funds from any of your IRAs only once within a 12-month period.

Amounts Ineligible for Transfer or Direct Rollover

Certain amounts are not eligible for transfer or direct rollover; such as:

- any amount that is a required minimum distribution
- hardship distributions (including distributions “due to an unforeseeable emergency” from a 457(b) plan)
- installment or annuity payments extending for your life, life expectancy, or a period of 10 years or more
- amounts that have been distributed to you (although such amounts may be eligible for an indirect rollover, if the rollover is made within 60 days after you received the distribution)
- taxable plan loans
- corrective distributions from a qualified plan (including a return of excess deferrals or excess contributions)
- excess or disallowed elective deferrals or excess contributions to a SEP IRA

The rollover rules are complex. You should consult your accountant, attorney or other qualified tax advisor before completing a transfer or rollover. Hartford Funds is not providing you investment advice. Hartford Funds is not acting as a fiduciary.

Section A - Investor Information

Please include the applicable Hartford Funds Adoption Agreement with your submission.

Owner Name		Existing Hartford Funds Account Number (if applicable)	
Owner’s Date of Birth (mm/dd/yyyy)	Social Security Number	Telephone Number	

Section B - Fund Selection

For a guide to fund names and numbers, please refer to **Fund List AC_IRA**, which is available on our website at Hartfordfunds.com.

- Provide an approximate dollar amount for the incoming transfer/rollover \$_____
- The minimum investment is \$2,000 per fund, except for the following funds for which the minimum is \$5,000: Real Asset Fund, Emerging Markets Local Debt Fund, and Emerging Markets Multi-Sector Bond Fund.

Invest the transferred proceeds in accordance with the Fund Selection provided in the applicable Hartford Funds Adoption Agreement, as attached to this form.

Invest the transferred proceeds as directed below using whole percentages that together total 100%:

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

Section C - Current Plan Information

Name of Resigning Trustee/Custodian for Current IRA or Qualified Plan		Current Account Number	
Telephone Number of Resigning Trustee/Custodian			
Overnight Address of Resigning Trustee/Custodian		City	State
			ZIP Code
Name of Plan Contact Person		Telephone Number of Plan Contact Person	

Indicate the type of investment(s) currently held in the resigning account. Check all that apply.

- Hartford Funds
- Mutual funds (other than Hartford Funds)
- Other investments
- Annuities (check the box that applies):
 - Annuity contract is lost **OR** Annuity contract is included
- Certificate of Deposit, ("CD")* (check the box that applies):
 - Liquidate immediately **OR** Liquidate at maturity - Maturity Date _____ (mm/dd/yyyy)

* Unless otherwise indicated, CD liquidation is effective immediately. Submit this form four weeks before the CD matures so Hartford Funds can promptly process the transaction.

Please provide a copy of your most recent statement in addition to completing below.

<p>Transfer From: Plan Type at Resigning Trustee/Custodian</p> <ul style="list-style-type: none"> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA - Plan Participation Date: ___ / ___ / _____ (mm/dd/yyyy) <input type="checkbox"/> SEP IRA <input type="checkbox"/> SAR-SEP <input type="checkbox"/> Date of Employee's first contribution to the SIMPLE IRA Plan: ___ / ___ / _____ (mm/dd/yyyy) <input type="checkbox"/> 401(k) - specify contribution type below: <ul style="list-style-type: none"> <input type="checkbox"/> Designated Roth Account <input type="checkbox"/> Inherited/Beneficiary IRA - specify Traditional, Roth, SIMPLE, SEP, or other: _____ <input type="checkbox"/> Other (specify): _____ 	<p>Transfer To: Plan Type at Hartford Funds (new or existing)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Roth IRA Conversion <input type="checkbox"/> SEP IRA <input type="checkbox"/> SAR-SEP <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Inherited/Beneficiary IRA <ul style="list-style-type: none"> Original Owner Name: _____ Original Owner Date of Birth: ___ / ___ / _____ Original Owner Date of Death: ___ / ___ / _____ Specify Plan Type: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other (specify): _____
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**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.