

Hartford Funds Traditional/Roth IRA Adoption Agreement

HARTFORDFUNDS

Our benchmark is the investor.®

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 Traditional/Roth IRA account.

Section A - Individual Retirement Account Registration

Owner Name		Parent/Guardian Name (required only if you are opening an IRA for a minor)		
Owner's Date of Birth (mm/dd/yyyy)		Parent/Guardian's Date of Birth (mm/dd/yyyy) (if applicable)		
Social Security Number	Telephone Number	Parent/Guardian'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

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 - Individual Retirement Account Type

Please indicate the type of IRA account you are establishing.

If you are opening more than one type of account, complete a separate application for each. Please verify maximum contribution amount, based on current age and current tax year.

For a description of Traditional and Roth IRAs see the instructions for Opening Your Traditional IRA or Roth IRA.

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Traditional IRA	Roth IRA
<input type="checkbox"/> Traditional IRA Contribution: The enclosed contribution(s) is for tax year: _____	<input type="checkbox"/> Roth IRA Contribution: The enclosed contribution(s) is for tax year: _____
<input type="checkbox"/> Traditional IRA Transfer: Please complete the Retirement Asset Transfer/Direct Rollover Form (MF-10022).	<input type="checkbox"/> Roth IRA Transfer: Please complete the Retirement Asset Transfer/Direct Rollover Form (MF-10022)
<input type="checkbox"/> Traditional IRA Rollover: Check here if you wish to roll over a distribution from an employer's qualified retirement plan or a 403(b) plan and complete the Retirement Asset Transfer/Direct Rollover Form (MF-10022). Company Name: _____ Current Plan Type: _____	<input type="checkbox"/> Roth IRA Rollover: Please complete the Retirement Asset Transfer/Direct Rollover Form (MF-10022)
	<input type="checkbox"/> Roth IRA Conversion from Qualified Plan (including Traditional IRA): Please complete the Retirement Asset Transfer/Direct Rollover Form (MF-10022)
<input type="checkbox"/> Inherited/Beneficiary IRA Transfer: Please complete the Retirement Asset Transfer/Direct Rollover Form (MF-10022)	<input type="checkbox"/> Inherited/Beneficiary Roth IRA Transfer: Please complete the Retirement Asset Transfer/Direct Rollover Form (MF-10022)

Note: For Transfers/Direct Rollovers, please have your current custodian or Plan Administrator make the check payable to: Hartford Funds For the Benefit of (your name) and indicate whether it is a Direct Rollover or IRA Transfer. Mail to Hartford Funds P.O. Box 219060 Kansas City, MO 64121-9060.

Section D - 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	Representative's Number		

Section E - 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_IRA**, 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 H).
- 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 _____%
TOTAL INVESTMENT:				\$ _____	or _____%

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Section F - Reduced Sales Charge (optional)

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 G - 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 to set up online account access and enroll in electronic delivery.

Section H - 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 I 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)

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

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 E will be used.

Section I - 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)

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 J - Beneficiary Instructions

Use an additional page if necessary. Please use whole percentages that together total 100%. I hereby designate the person(s) named below as Primary Beneficiary(ies) in accordance with the Traditional/Roth IRA Custodial Agreement. If no Primary Beneficiary survives me, I hereby designate the person(s) named below as Contingent Beneficiary(ies). This Designation of Beneficiary may have important tax or estate planning implications.

Important: If you are a married account owner who currently resides (or previously resided) in a community property state, a marital property state, or a community property jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Puerto Rico or Guam), you may need to obtain your spouse's consent if you have not designated your spouse as Primary Beneficiary for at least half of your Roth or Traditional IRA. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a qualified tax or legal advisor.

I am not married - I understand that if I become married in the future, I may need to complete and send a new Hartford Funds IRA Beneficiary Change Form (MF-10057).

Primary Beneficiaries

First Name, Middle Initial, Last Name, or Name of Trust	Date of Birth or Date of Trust (mm/dd/yyyy)	Social Security Number or Tax Identification Number (TIN)	Relationship to Shareholder	% of Account
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%

Contingent Beneficiaries (optional)

First Name, Middle Initial, Last Name, or Name of Trust	Date of Birth or Date of Trust (mm/dd/yyyy)	Social Security Number or Tax Identification Number (TIN)	Relationship to Shareholder	% of Account
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%

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Spousal Consent of Beneficiary Designation

If you are married to the IRA account owner and he or she has designated a beneficiary(ies) other than you, please consult your financial professional about the state law and tax law implications of this beneficiary designation, including the need for your consent. By signing below you indicate that you are the spouse of the individual named in Section A and that you consent to the designated beneficiary(ies). Hartford Administrative Services Company and its affiliates, including Hartford Funds, is not responsible for determining whether an account owner is married and is a resident of a jurisdiction in which community property rules apply.

Spouse's Name (print)

Spouse's Signature

Date Signed (mm/dd/yyyy)

Section K - IRA Agreement

I (i) have received this form and accept its terms; (ii) am of legal age and legal capacity, or I am a parent or guardian of the minor establishing the IRA; (iii) agree that an annual maintenance fee as described in Hartford Funds Traditional/Roth IRA Disclosure Statement (with a maximum fee of \$25 for accounts below \$10,000) will be deducted from my IRA unless I have paid the fee separately; and (iv) appoint UMB Bank, n.a. as Custodian. I understand that if I invest in the Funds directly with the transfer agent, in addition to the annual maintenance fee, I will also be charged a \$30 annual direct account fee on or about June 1 each year, which will be deducted automatically from my account.

I acknowledge that I have sole responsibility for my investment choices and that I have received a current Prospectus for each fund I select. I understand that I need to read the Prospectus(es) of the fund(s) selected before investing.

If applicable, the Parent/Guardian named in Section A represents that he or she is the parent or legal guardian of the property of the Owner/Minor indicated above. Notwithstanding any provision of the Adoption Agreement or Plan, Hartford Funds or its agents may rely on instructions of the Parent/Guardian with respect to the administration, investment and distribution of the Account until the Owner/Minor reaches the age of majority in his or her State of residence. The Parent/Guardian agrees that he or she shall cease to have any authority or control with respect to the Account upon attainment of the age of majority by the Owner/Minor.

I understand that neither Hartford Funds Management Company, LLC ("HFMC"), the investment manager to Hartford Funds, nor Hartford Funds Distributors, LLC ("HFD"), the principal underwriter to Hartford Funds, is providing advice or recommendations to me, and that neither HFMC nor HFD is serving in a fiduciary capacity with respect to this or any account. I understand that I should contact my financial professional should I seek advice or a recommendation prior to making an investment decision.

I, the Owner, adopt an agreement establishing an Individual Retirement Account ("IRA"). The terms are described in the Traditional/Roth Retirement Custodial Agreement ("Custodian Agreement"). I acknowledge that I have received and read the Custodian Agreement. I understand that the Custodian Agreement will govern my IRA established pursuant to this adoption agreement and investing in the above-named fund and in any other fund that I may subsequently select for this IRA.

I assume complete responsibility for determining whether I am eligible to contribute to a Roth or Traditional IRA, and that my contributions, including rollovers and conversions, meet the limits and guidelines set forth under U.S. tax law. I understand the tax consequences associated with both contributions to and distributions from my Hartford Funds Roth or Traditional IRA.

I acknowledge that I have also received the Traditional/Roth IRA Disclosure Statement required by IRS Regulations section 1.408-6. I understand that I am entitled to revoke my individual retirement account during the seven-day revocation period and that such timely revocation will enable me to receive back the entire amount contributed without reduction for fees, commissions, other expenses or market value fluctuation. The seven-day revocation period begins on the earlier of the day I sign this adoption agreement or the day Hartford Funds receives this adoption agreement. I understand that written notice of revocation must be addressed to the Custodian at the address listed in the adoption agreement and must either be received by the Custodian, or postmarked, by the close of the seven-day revocation period.

Escheatment: Ownership of your account may be transferred to your state of residence as abandoned property if your statements or other mailings are undeliverable, or no activity occurs in the account within the time frame specified by the relevant state laws. Such transfers of abandoned property may also be subjected to federal tax withholding.

Custodian Acceptance: UMB Bank, n.a. will accept appointment as Custodian. However, this agreement is not binding upon the Custodian until the Owner has received a confirmation of the initial purchase of fund shares for the account or other written notification. Receipt by the Owner of the confirmation of the purchase of the fund shares indicated above will serve as notification of UMB Bank, n.a. acceptance of appointment as Custodian.

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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.

Annual Maintenance Fee

- I am enclosing a separate check for the IRA annual maintenance fee as described above and in Part Three of the Hartford Funds Traditional/Roth Disclosure Statement, made payable to Hartford Funds.

Owner's Name (print)

Owner Signature

Date Signed (mm/dd/yyyy)

Parent/Guardian Name (if applicable) (print)

Parent/Guardian 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.

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.

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.

**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
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 or contact Hartford Funds at the above number.