Hartford Funds Coverdell Education Savings Account Transfer of Assets Form



| P | u | r | D | 0 | s | e |
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Use this form to transfer your existing Coverdell Education Savings Account ("ESA") assets from another Coverdell ESA custodian to an existing Hartford Funds Coverdell ESA.

| Section A - Student an | nd Responsible Individua | l Information | | | | | | |
|--|--|---|-------------------------------|---|-------------------|------------------------|---------------|----------|
| Student's First Name, Middle Initial, Last Name | | | | Existing Hartford Funds Account Number | | | | |
| Student's Date of Birth (m | m/dd/yyyy) | | | Student's | Social Security I | Number | | |
| | | | | | | | | |
| Responsible Individual's First Name, Middle Initial, Last Name | | | | Responsible Individual's Telephone Number | | | | |
| | | | | | | | | |
| Section B - Fund Selection B - Fund Selection B - Fund Selection | ction nes and numbers, pleas | e refer to Fund List | AC IRA whi | ch is avai | lable on our we | hsite at Hart | fordfund | s com |
| • | ate dollar amount for th | | | | iable off our we | batte at Hart | .ioi ai ai ia | 3.00111. |
| Emerging Markets Lo Invest the transferre | ment is \$2,000 per fund cal Debt Fund, and Eme ed proceeds in accordar ed proceeds as directed | erging Markets Mult nce with the Fund So | i-Sector Fun election on f | d. file. | | | eal Asset | Fund, |
| Fund Number | Dollar Amount | Percentage | Fund I | l Number Dollar Amount Pei | | | Percen | tage |
| | \$ | or% | | | \$ | | or | % |
| | \$ | or% | | | \$ | | or | % |
| | \$ | or% | | | \$ | | or | % |
| | \$ | or% | | | - \$ | | or | % |
| | | | TOTAL IN | VESTMEN | T: \$ | | or | % |
| Section C – Current Co | overdell ESA Information | | | | | | | |
| Name of Resigning Truste | ee/Custodian for Current Co | verdell ESA | | | | | | |
| Address for Resigning Tru | ustee or Custodian | | | | | | | |
| City | | | | State | ZIP Code | Current Account Number | | |
| Registration | | | | | | | | |
| Attention | | | | Telephone Number of Trustee/Custodian | | | | |
| Indicate the type of inv | restment(s) currently he | ld in the resigning a | ccount. Che | ck all tha | t apply. | | | |
| ☐ Hartford Funds | | | | | | | | |
| ☐ Mutual funds (other | than Hartford Funds) | | | | | | | |
| Other investments | | | | | | | | |
| Annuities (check the | e box that applies): | | | | | | | |
| Па | nnuity contract is lost | OR Annuity | contract is | included | 1 | | | |

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|---|---|-------------------------|-----------|-------------|
| Certificate of Deposit, ("0 | CD")* (check the box that applies): | | | |
| | date immediately OR \square Liquidate at maturity - Maturit | ty Date | (| mm/dd/yyyy) |
| * Unless otherwise indicate | ed, CD liquidation is effective immediately. Submit this form for ptly process the transaction. | | | |
| Section D - Transfer Instru | ctions to Resigning Trustee or Custodian | | | |
| l instruct my present Truste | ee/Custodian to: | | | |
| Liquidate | | | | |
| All of my account | | | | |
| , | (if partial, enter fund name(s) and amount or shares in the fig | • | | |
| | (checking this box authorizes a transfer in-kind of Hartford Ford Funds Coverdell ESA with UMB Bank, n.a. as Custodian.) | und shares from my | preser | it Trustee/ |
| | (if partial, enter fund names(s) and amount or share fields be | elow): | | |
| Account/Contract Number | Fund Name | Dollar Amount | | Shares |
| | | \$ | or | |
| | TOTAL INVESTMENT: | \$ | or | |
| This transaction is to be exe | date immediately OR Liquidate at maturity - Maturi | - | | |
| of the plan or account asset | | | | |
| Section E - Authorization to | | | | |
| | dell ESA with Hartford Funds and have appointed UMB Bank, i | | | |
| responsibility for complying authorized under the terms | rements for a valid transfer between Coverdell ESAs are com g with all requirements and for the results of any such transfe s of my current Coverdell ESA agreement to complete this tra e to make the transfer specified in the form. | er. By signing below, | I certify | y that I am |
| | Med | dallion Signature Guara | ntee Sta | mn Here |
| Responsible Individual's Name (| | zamon orginataro odara | | |
| Responsible Individual's Signatu | ure Date Signed (mm/dd/yyyy) | | | |
| | Guarantee may be required by your resigning se contact that institution for requirements. | | | |

Section F - Custodian Acceptance

UMB Bank, n.a. agrees to accept transfer of the above amount for deposit to the named Student's UMB Bank, n.a. custodial Coverdell ESA and requests the liquidation and transfer of assets as indicated above. See Letter of Acceptance (either separately provided or attached) for the signature of an authorized officer of the custodial agent.

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.