

# Hartford Funds Enrollment Form For 72(t) Substantially Equal Periodic Payments (SEPP) From 403(b) Accounts

**HARTFORDFUNDS**

Our benchmark is the investor.®

Use this form to establish Substantially Equal Periodic Payments from a 403(b) account for which you intend to seek an exception under IRC §72(t) to the 10% penalty withholding otherwise required from your distributions. Do not use this form to establish required minimum distributions from your account. To assist you in preventing an impermissible modification, your account may be restricted from future purchases until you request that we remove this restriction.

Hartford Funds will report these distributions on IRS Form 1099-R to you and the IRS as an early distribution with no known exception. You may claim an exception from penalty withholding under IRC §72(t) by filing IRS Form 5329 with your annual tax returns.

Hartford Funds will waive Contingent Deferred Sales Charges, if applicable, for payments distributed to you based on the elections made on this form.

You may mail this form to Hartford Funds at the address listed at the end of this form. If a Medallion Signature Guarantee Stamp is not required, you may fax this form to us at 1-888-802-0039, Attn: Hartford Funds.

Hartford Funds strongly recommends that you consult with your qualified tax advisor for any tax questions pertaining to distributions taken from your retirement plans.

**Contact Information:**

Online:  
www.hartfordfunds.com

Telephone:  
Call 1-888-843-7824

Fax: 1-888-802-0039  
Attn: Hartford Funds

(Note: Medallion Signature Guarantee stamp cannot be faxed)

## Section A - Hartford Funds Account Owner Information (all fields required)

Owner's Name	Hartford Funds Account Number		Date of Birth (mm/dd/yyyy)
Residential Address (required)	City	State	ZIP Code
Owner's Social Security Number or Tax Identification number	Telephone Number		

## Section B - Distribution Election (required)

Hartford Funds recommends that you consult with a qualified tax advisor for assistance with calculating the amount of your distribution.

You understand that if your tax advisor performed these calculations using the "life expectancy" method, the redemption amount must be recalculated each year. You agree to provide recalculated redemption amounts annually, prior to the first scheduled redemption under this plan for each year.

Based on calculations prepared by my tax advisor, please redeem \$ \_\_\_\_\_ (If greater than \$100,000.00, a Medallion Signature Guarantee is required.)

Please check one box:  Monthly  Quarterly  Semi-annually  Annually

Please designate the distribution date: \_\_\_\_\_.

If you elected a payment frequency other than monthly, please check the month(s) for distributions:

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

The redemption amount will be distributed proportionately from each investment selection with an active balance each time a payment is processed unless a specific dollar amount or percentage is provided below. The total investment percentage must be equal 100%. If you elect to have the amount taken out of a specific investment selection(s), this will continue until the investment selection is depleted or you submit new distribution instructions. Should the balance in a specified investment selection be inadequate to meet a scheduled payment, the payment will be delayed pending your authorization to change the investment selection from which the redemption should be made. Payments not distributed in a timely manner may be considered an impermissible modification and disqualify distributions from the exception from penalty withholding.

**Section B - Distribution Election continued** (required)

If you do not want your redemption to be distributed proportionately across all funds in your account, please indicate in the chart below which funds you would like your distributions to be redeemed from:

Fund Name	Fund Class	Dollar Amount	Percentage Amount
	_____	\$ _____	OR _____%
	_____	\$ _____	OR _____%
	_____	\$ _____	OR _____%
	_____	\$ _____	OR _____%

**Section C - Income Tax Withholding** (Substitute W4-P; OMB No. 1545-0074)

For Partial and Systematic Redemptions please indicate whether you want your distribution gross or net of withholding. We will default to gross unless you tell us otherwise.

- Gross - Redeem the amount indicated in Section B, reducing the proceeds by the amount of withholding
- Net - Send me the amount indicated in Section B and redeem an additional amount for withholding

If you have elected to have a systematic withdrawal established you may revoke the withholding election at any time. To revoke or change your systematic withholding election please contact Hartford Funds in writing or call us at 1-888-843-7824 during business hours shown at the end of this form.

**Federal Income Tax Withholding**

Federal tax law requires that all distributions from a 403(b) account that are not eligible to be rolled into another qualified account are subject to 10% Federal Income Tax (FIT) on the taxable amount of the distribution. Hartford Funds considers distributions taken as part of a substantially equal periodic payment plan as not eligible to be rolled over into another qualified account. Hartford Funds will withhold 10% FIT from your distributions, unless you tell us below either to not withhold taxes or to withhold an amount above 10%.

Even if you tell us not to withhold taxes, you may have to pay federal and state income taxes on the taxable portion of your withdrawal. You may also have to pay tax penalties if your estimated tax withholdings are not adequate. Your signature on this form acknowledges that you have read this information about income tax withholding.

Please select one of the following options:

- Do not withhold taxes
- Withhold the following amount \$    ,    .   or \_\_\_\_\_% (percentage)

**State Income Tax Withholding**

This general information is provided to help you understand state income tax withholding requirements for Individual Retirement Account distributions. While Hartford Funds makes every effort to obtain information about state tax laws from sources believed to be reliable, Hartford Funds cannot guarantee the accuracy or timeliness of state tax withholding information because state tax laws are subject to change and interpretation. Hartford Funds may be required to withhold state tax from your distribution based upon state tax law for your state of residency. Your state of residency is determined by the legal address of record on your account.

We recommend that you contact your tax advisor regarding your tax withholding elections and to answer any questions that you may have regarding your state's withholding laws.

If your state of residency is:	Your withholding options are:	Election - You are not required to make an election, as there is a stated default for each state. If you choose to do so, only one election is valid.
MI	If you reside in Michigan, state income tax withholding will apply regardless of whether federal income tax is withheld. You may not opt out of MI withholding using this form; withholding will be taken at the default rate unless we are provided a completed Michigan withholding certificate, the MI W-4P, or you have indicated a higher amount.	<input type="checkbox"/> In addition to the state's required income tax withholding, please withhold the additional amount of \$ _____ (in whole dollars).
DC	If you reside in DC lump sum distributions are the only distributions subject to mandatory withholding in DC regardless of whether or not federal tax is withheld. For all other distributions withholding is voluntary, Hartford Funds will withhold state income tax only if you instruct us to do so.	<input type="checkbox"/> In addition to the state's required income tax withholding, please withhold the additional amount of \$ _____ (in whole dollars).
DE, IA*, KS, MA, MD**, ME, MS***, NE, OK, VT	If federal income tax is withheld, Hartford Funds is required to withhold state income tax of at least your state's minimum requirements. You may elect to have additional withholding.	<input type="checkbox"/> In addition to the state's required income tax withholding, please withhold the additional amount of \$ _____ (in whole dollars).
	If federal income tax is not withheld, you may elect to have state income tax withheld.	<input type="checkbox"/> I elect to have state income tax withholding in the amount of \$ _____ (in whole dollars).
	* IA - Optional Iowa exemption- A partial exemption is provided to qualified Iowa residents receiving retirement account benefits. To qualify you must be 55 years of age or older, disabled or a surviving spouse or other survivor of an individual who would have qualified for the partial exemption in the tax year. If you are receiving retirement income from more than one source, you are only entitled a maximum exemption of \$6,000/\$12,000, depending on Iowa tax return filing status.	<input type="checkbox"/> I qualify for the partial exemption in the amount of: <ul style="list-style-type: none"> <li><input type="checkbox"/> \$6,000 in benefits (single) per year</li> <li><input type="checkbox"/> \$12,000 in benefits (married) per year</li> </ul> <b>Note:</b> The amount of your distribution in excess of your elected exemption amount will be subject to state tax at the applicable rate.
	**MD requires withholding only on Eligible Rollover Distributions (ERD).	
	***MS early distributions are the only distributions subject to mandatory withholding in Mississippi. State income tax withholding is not available for all other distributions.	
AR, CA, NC*, OR	If federal income tax is withheld, Hartford Funds is required to withhold state income tax of at least your state's minimum requirements unless you specifically elect not to have state income tax withheld.	<input type="checkbox"/> I elect not to have state income tax withheld <input type="checkbox"/> In addition to the state's required income tax withholding, please withhold the addition amount of \$ _____ (in whole dollars).
	If federal income tax is not withheld, you may elect to have state income tax withheld.	<input type="checkbox"/> I elect to have state income tax withholding in the amount of \$ _____ (in whole dollars).
AL, CO, CT, GA, ID, IL, IN, KY, LA, MN, MO, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV	State income tax withholding is voluntary regardless of whether or not you elect to have federal income tax withheld. Hartford Funds will withhold state income tax only if you instruct us to do so.	<input type="checkbox"/> I elect to have state income tax withholding in the amount of \$ _____ (in whole dollars).
AK, AZ, FL, HI, NH, NV, SD, TN, TX, WA, WY	State income tax withholding is not available. Hartford Funds will not withhold state income tax even if you elect to withhold state income tax.	No election is necessary as state withholding is not available.

## Section D - Delivery Instructions

1.  Forward check to my current address of record (Default)  
 Forward check to an alternate address: (Medallion Signature Guarantee required in Section E)

Mailing Address	City	State	ZIP Code
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Is this a Permanent Change of Address?  Yes

2.  Deposit to current bank account of record via ACH (If multiple banks on record, please indicate below)

Financial Institution Name	Account Number
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3.  Deposit to the bank account below via ACH (All fields below are required)

**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.

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 _____ \$ _____ Dollars	
<b>VOID</b>	
Any Bank Any Town, ST 00000	
MEMO _____	
<input type="text" value=" :000000000: "/>	<input type="text" value="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 and Signature(s)**

I, the undersigned, have reviewed the Enrollment For Automatic Substantially Equal Periodic Payments under IRC Section 72(t) Guidelines. I elect to enroll in the Hartford Funds Automatic Income Program and intend these payments to satisfy the IRC requirements for exceptions to the premature distribution penalty. It is intended that these payments constitute distributions which are part of a series of substantially equal periodic payments made over my life expectancy (ies). I will continue the program without modification for at least five years or until I attain age 59½, whichever is the later of the two. If a modification does occur, all amounts previously distributed under this Automatic Income Program may be subject to the 10% premature distribution penalty.

I fully understand and acknowledge that Hartford Funds is not certifying or implying that any distributions made pursuant to the Automatic Income Program satisfy IRS requirements for exception to the premature distribution penalty. I further acknowledge that any taxes, interest or penalties that may be imposed as a result of this distribution are exclusively my responsibility and Hartford Funds is not liable in any regard. I also understand that generally I must be separated from employment before I am eligible for substantially equal periodic payments.

I accept responsibility for any taxes, interest or penalties due as a result of changing this election.

\_\_\_\_\_  
Account Owner's Signature

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

Medallion Signature Guarantee  
Stamp Here

\_\_\_\_\_  
Irrevocable Beneficiary's Signature (if applicable)

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

Medallion Signature Guarantee  
Stamp Here

**Medallion Signature Guarantee**

A Medallion Signature Guarantee Stamp is required in the following circumstances:

- Your address of record has changed within the past 30 days
- You are selling more than \$100,000 worth of shares
- You are requesting payment be delivered to an address other than the address of record

**Have you...**

- completed the account owner information in Section A?
- completed Section B to provide us with your distribution election?
- provided full instructions to us on tax withholding in Section C?
- provided complete delivery instructions in Section D?
- signed and dated the form in Section E and received a Medallion Signature Guarantee, if applicable?

**For standard mail delivery:**  
Hartford Funds  
PO Box 219060  
Kansas City, MO 64121-9060

**For express mail delivery:**  
Hartford Funds  
801 Pennsylvania Ave Suite 219060  
Kansas City, MO 64105-1307