

Legal Entity Beneficial Ownership Certification Form

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, and it may need to be updated periodically upon request from Hartford Funds.

Purpose

This form must be completed by the person opening a new account on behalf of a legal entity or to update previously provided beneficial ownership and account control information. **If you are updating information on an existing account, you must provide all information requested in sections A, B, C and D, even if you are only updating the information for one individual.** However, Non-Profit entities do not have to complete section B.

Important Notes

This form requires you to provide the name, address, date of birth and Social Security number for the following individuals:

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

When you submit this form it will completely replace any previously provided beneficial ownership and account control information.

Section A - Account Information

Check appropriate box:

New Account Account Update Existing Account Number (if applicable): _____

a. Name and title of natural person opening account:

b. Name of legal entity:

c. Address of legal entity:

Section B - Beneficial Owner(s)

The following information for **each** individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Notes:

- (i) Non-profits do not have to complete this section.
- (ii) If another legal entity owns 25 percent or more of the equity interests of the legal entity listed above, details about the natural person beneficial owners underlying that entity must also be provided below.

Check the box if no beneficial owner owns 25 percent or more of the equity interests of the legal entity.

Name	Title	Social Security Number	Date of Birth (mm/dd/yyyy)	
Address		City	State	Zip
Name	Title	Social Security Number	Date of Birth (mm/dd/yyyy)	
Address		City	State	Zip

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Section C - Control Person

The following information for one individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions. (If appropriate, an individual listed under Section B above may also be listed in this Section C).

Name	Title	Social Security Number	Date of Birth (mm/dd/yyyy)	
Address		City	State	Zip

Section D - Certification

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge that the information provided about is complete and correct and I further certify that I understand I have an ongoing obligation to inform Hartford Funds of any changes to the information I am providing at such time that any of the information changes.

Signature: _____ Date (mm/dd/yyyy): _____

**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 advisor or call Hartford Funds at (888) 843-7824.