

Hartford Funds Power of Attorney Form

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.

Purpose

To designate an attorney or agent authorized to act on a Hartford Funds account(s).

Note: If you are unable to complete this form or have questions, please call 888-843-7824.

Section A - Account Information

Account Owner/Joint Account Owner	Telephone Number
-----------------------------------	------------------

Choose one:

- ☐ Establish the power of attorney designation on all of my Hartford Funds accounts (nonretirement and retirement).
- ☐ Establish the power of attorney designation on only specific account number(s) listed below.

Account Number	Account Number
Account Number	Account Number
Account Number	Account Number

Section B - Attorney-In-Fact Information

Attorney-In-Fact Name	Social Security Number	Date of Birth (mm/dd/yyyy)	
Address (P.O. Boxes not allowed)	City	State	ZIP Code

Section C - Affidavit of Designated Attorney-In-Fact

Name of Attorney-In-Fact:

STATE OF _____)
) S.S.

COUNTY OF _____):

Being duly sworn and deposed, I affirm that: _____ as principal, did,
(Account Owner/Joint Owner)

On this _____ day of _____, 20____, appoint me his true and lawful attorney by the foregoing instrument hereby made a part hereof. I further certify, under penalty of perjury, that the information I have provided above is true and accurate.

Signature of Attorney-In-Fact (sign in the presence of a Notary Public)

Sworn to before me this _____ day of _____, 20____

Notary Public

My commission expires: _____

Notary Public Stamp Here

Hartford Funds Power of Attorney Form

Section D - Designation of Attorney-In-Fact

I, _____ of _____ do hereby make, constitute
(Account Owner/Joint Owner) (City, State)

and appoint

_____ my true and lawful attorney or agent ("Agent") for me and in my name, place and stead:
(Attorney-In-Fact)

- (1) to transmit to Hartford Funds and its servicing agent, SS&C GIDS, Inc., either orally or in writing in accordance with procedures established by SS&C GIDS, Inc. from time to time, instructions for the purchase, sale, exchange or transfer of shares with respect to any account(s) I may hold with Hartford Funds;
- (2) to make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment of checks drawn on any of my accounts with Hartford Funds; and
- (3) to enter into all other lawful transactions with respect to any of my said mutual fund account(s).

I hereby agree to indemnify and hold Hartford Funds and its agents and custodian harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said Agent with respect to the shares held in my account(s) with Hartford Funds.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries, or assigns. The authorization is effective until one of the following written notices is addressed to and received by Hartford Funds and/or SS&C GIDS, Inc. and processed within a reasonable time: (1) revocation by the Account Owner or (2) a subsequent completed Power of Attorney or (3) written notification of death of Account Owner. Such notice of revocation or death shall not affect any liability in any way resulting from transactions initiated prior to Hartford Funds and/or SS&C GIDS, Inc. acting on such notice within a reasonable amount of time. This POA agreement will not be affected by my disability or incapacity. In case of my death, this authorization will discontinue, and Hartford Funds and/or SS&C GIDS, Inc. will not be responsible for any transactions or changes made to my account by my agent and attorney-in-fact until Hartford Funds and/or SS&C GIDS, Inc. has received and processed a written notice as stated above.

The undersigned has read the forgoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto set my hand and seal the ____ day of _____, 20____

Signature of Account Owner/Joint Owner (sign in the presence of a Notary Public)

STATE OF _____)
) S.S.
COUNTY OF _____):

On this ____ day of _____, 20____, before me personally appeared

_____, to me personally known to be the individual described herein and who executed the foregoing instrument, and acknowledged that he/she executed the same.

Notary Public
My commission expires:_____

Notary Public Stamp Here

**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.