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

List the account(s) applicable to the power of attorney designation.

Account Owner	
Account Number(s) (existing account number(s) if applicable)	Telephone 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)

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

Section D - Designation of Attorney-In-Fact

I, _____ of _____ do hereby make, constitute and appoint
(Account Owner) (City, State)

_____ 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, DST AMS, either orally or in writing in accordance with procedures established by DST AMS 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 DST AMS 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 DST AMS 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 DST AMS 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 DST AMS 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 (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
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.