

Hartford Funds Corporate Resolution Form

Purpose

Use this form to certify the list of individuals authorized to act on behalf of a corporation, organization, or partnership for account(s) in Hartford Funds. Completing and returning this form to Hartford Funds eliminates the need to provide a certified corporate/organization/partnership Resolution with each written transaction request. Hartford Funds will keep this Resolution on file, where it will remain in full force and effect until a written revocation of the Resolution is delivered to Hartford Funds, and Hartford Funds has had a reasonable amount of time to act upon it.

Account Registration

Account Registration			
TIN	Account Number(s)		
Permanent Address (P.O. Boxes not allowed)	City	State	ZIP Code
Mailing Address (if different than permanent address)	City	State	ZIP Code

Resolution

Provide the name of the corporation, organization, or partnership and the names, titles, and signatures of the authorized officers below. If you want to authorize more than four officers, write "see attached", and attach a separate sheet with each officer's name, title, and signature. If you have a separate resolution which lists the authorized officers, provide the name of the corporation, organization, or partnership below and attach the resolution to this form. The person executing this form cannot be listed below.

As an authorized officer of _____
(Name of Corporation/Organization/Partnership)

I hereby certify that the officer(s) listed below:

_____	_____	_____
Name (print)	Title	Signature
_____	_____	_____
Name (print)	Title	Signature
_____	_____	_____
Name (print)	Title	Signature
_____	_____	_____
Name (print)	Title	Signature

are duly authorized by Resolution to act on behalf of the Corporation/Organization/Partnership specified above in connection with any Hartford Funds shares owned by this Corporation/Organization/Partnership. The above-named officer(s) are authorized to invest the assets of the Corporation/Organization/Partnership; to give instructions for the purchase, sale, exchange, or transfer of shares; and to execute and deliver any forms or instructions in connection with those shares. In the event of any change of above designees, the Corporation/Organization/Partnership shall immediately certify these changes to Hartford Funds in writing.

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The Corporation/Organization/Partnership listed above agrees to indemnify and hold Hartford Funds and DST Asset Manager Solutions, Inc. harmless from acting upon instructions believed to have originated from the officer(s) named above.

This Resolution is to remain in effect until revoked in writing by an authorized officer and delivered to Hartford Funds. The revocation will not affect any liability resulting from transactions initiated before Hartford Funds has had a reasonable amount of time to act upon the revocation. I am authorized and directed to certify the above and that these provisions reflect the intention of the Corporation/Organization/Partnership.

Signature of Authorized Officer

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__

Secretary/Authorized Officer/Partner's Name (print)

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

Title

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

On this ____ day of _____, 20__, before me personally appeared _____, to me personally known to be the individual referenced above and who executed this 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
PO 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