



## Hartford Funds Coverdell Education Savings Account Administration Form

### 3. Transfer into a Hartford Funds account:

☐ Transfer the proceeds into an existing Hartford Funds Coverdell ESA. (Fund selections will remain the same.)

Hartford Funds Account Number \_\_\_\_\_

### Section C – Replace Responsible Individual

**Important:** Bank instructions, if any, will remain on the account. If you wish to add new bank instructions and/or systematic payments, please attach a completed Hartford Funds Bank or Credit Union Information Form (MF-10047).

#### Type of change: (select one)

☐ Replace living responsible individual.

**Required:** Signature of the resigning and successor responsible individual must be notarized in section F.

☐ Replace deceased responsible individual.

**Required:** A copy of the death certificate of the deceased responsible individual AND a copy of the birth certificate of the designated beneficiary that shows the parent's name to which the custodianship is being transferred OR a copy of the letter of appointment identifying the successor responsible individual. Signature of the successor responsible individual must be notarized in section F.

☐ Designated beneficiary has reached the age of majority by state law for the state which he or she resides and will assume the role of the responsible individual.

**Required:** A copy of the birth certificate for the designated beneficiary reaching the age of majority and the former minor's signature must be notarized in section F.

#### Successor Responsible Individual's information

|                                                                                                                 |                                        |       |          |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------|-------|----------|
| Name (first, middle, and last)                                                                                  | Relationship to Designated Beneficiary |       |          |
| Social Security Number                                                                                          | Owner's Date of Birth (mm/dd/yyyy)     |       |          |
| Mailing Address (account statements and confirmations will be mailed to this address)                           | City                                   | State | ZIP Code |
| Primary Telephone Number                                                                                        | Email Address                          |       |          |
| Residential Address (required if different than your mailing address, or if a P.O. Box address was given above) | City                                   | State | ZIP Code |

### Section D – Change of Death Beneficiary

The death beneficiary is the person or entity named to receive the assets upon the death of the designated beneficiary. If the death beneficiary is a family member and under age 30 at the time of the designated beneficiary's death, the death beneficiary may transfer or roll over assets into a Coverdell ESA. The age limit does not apply if the death beneficiary is a special needs beneficiary.

Please provide the primary death beneficiary's information below. If you have additional beneficiaries, please attach a separate page including all of the information requested in this section and whether the beneficiary(ies) is primary or contingent.

**Important:** The designation you provide will replace any current designation in entirety.

#### Primary Beneficiary

|                                                                   |                            |
|-------------------------------------------------------------------|----------------------------|
| Name (first, middle, and last)                                    | Percentage<br>_____ %      |
| Social Security Number/Tax Identification Number (TIN) (required) | Date of Birth (mm/dd/yyyy) |

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## Section E – Broker Dealer Information (required)

At the time the account is re-registered to you, the broker dealer of record on the former owner's account will not be carried over to the new account(s) unless you check the box below.

☐ I would like to retain the legacy broker dealer of record.

If you do not wish to retain the legacy broker dealer and want to add a new broker dealer, have your broker dealer complete the information below.

|                                  |                         |       |          |
|----------------------------------|-------------------------|-------|----------|
| Registered Representative's Name | Broker Dealer Name      |       |          |
| Dealer Number                    | Branch Number           |       |          |
| Branch Street Address            | City                    | State | ZIP Code |
| Telephone Number                 | Representative's Number |       |          |

Registered Representative's Name (print)

Registered Representative's Signature

Date Signed (mm/dd/yyyy)

Authorized Principal's Name (print)  
(if required by your broker/dealer)

Authorized Principal's Signature  
(if required by your broker/dealer)

Date Signed (mm/dd/yyyy)

## Section F - Authorization and Signature

I affirm that the information given is true and correct. I authorize and direct Hartford Funds to complete the request as indicated above.

### Authorization to Transfer Coverdell ESA to New Designated Beneficiary

*(Current Responsible Individual's signature must be medallion signature guaranteed.)*

I have read and agree to the information listed in section B. I authorize Hartford Funds to transfer amounts indicated pursuant to the terms of the Custodial Agreement and Disclosure Statement.

### Authorization to Change Death Beneficiary

*(Current Responsible Individual's signature is required.)*

I have read and agree to the information listed in section D and I designate the death beneficiary(ies) to receive any assets remaining in this Account. This document, upon in good order receipt by Hartford Funds, supersedes and revokes in entirety any existing beneficiary designation on file with Hartford Funds.

### Authorization to Replace Responsible Individual

#### Resigning Responsible Individual Authorization:

*(Notarized signature of the resigning Responsible Individual is required, unless the Responsible Individual is deceased or unable to act.)*

I have read and understand the foregoing appointment of the Successor Responsible Individual.

I certify that the information which I have provided and the information which is included within the appointment of Successor Responsible Individual is true and accurate.

#### Successor Responsible Individual Authorization:

*(Notarized signature of the Successor Responsible Individual is required.)*

If I am not the Designated Beneficiary who has reached the age of majority, I am a parent or legal guardian of the Designated Beneficiary and am the individual that will control all decisions regarding the Account (with the exception of directing the initial investment) for the benefit of the Designated Beneficiary.

If I am the Designated Beneficiary who has reached the age of majority, I understand that I will become both the responsible individual and the designated beneficiary, and under penalties of perjury, I certify that I am the beneficial owner of the account indicated in section A and I have reached the legal age of majority designated under my state of residence.

I affirm I have received and read the fund prospectus(es) and agree to the terms set forth therein. I certify that the information I have provided is true and accurate, including, but not limited to, the representation contained in the Request for Taxpayer Identification Number section below. I certify that I am qualified to assume the responsibilities of the Responsible Individual as set forth in the Hartford Funds Coverdell ESA agreement.

## Hartford Funds Coverdell Education Savings Account Administration Form

I understand and agree that the custodian may amend the Custodial Agreement by providing me written notice of any such amendment and that the mutual funds in which I invest may and will amend their prospectuses from time to time.

I consent to the custodial fees specified, and I understand that a \$25 maintenance fee will be deducted annually from the account if the total assets held in the Designated Beneficiary's retirement and non-retirement accounts held directly at Hartford Funds, excluding 529 plans, is less than \$50,000 on the day the fee is assessed.

I understand that if I invest in the Funds directly with the transfer agent I will be charged a \$30 annual direct account fee on or about June 1 each year, which will be deducted automatically from my account.

**W-9 Certification** - By signing below you agree that the following certification applies to each person signing unless the person signing has indicated that they are not a U.S. person (for tax purposes) on this form.

**Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct Social Security Number or Taxpayer Identification Number, and
2. I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien) as defined in the instructions to IRS Form W-9, and
4. I am exempt from FATCA reporting (if applicable).

**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

If you do not provide a correct taxpayer identification number, you may be subject to a \$50 IRS penalty.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

I agree to indemnify and hold harmless Hartford Funds, its affiliates, each of their respective employees, officers, trustees, or directors, and each of the Hartford Funds from and against any and all claims, losses, liabilities, damages and expenses that may be incurred by reason of your actions taken in accordance with the instructions set forth herein.

\_\_\_\_\_  
Responsible Individual's Name (print)

\_\_\_\_\_  
Responsible Individual's Signature

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

**Signature Guarantee is required if transferring to a new designated beneficiary.**

**Note:** Notarized signature of the Resigning and Successor Responsible Individual is required if replacing living responsible individual.

Medallion Signature Guarantee Stamp Here

\_\_\_\_\_  
Resigning Responsible Individual's Name (print)

\_\_\_\_\_  
Resigning Responsible Individual's Signature

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

# Hartford Funds Coverdell Education Savings Account Administration Form

## Certification of Acknowledgement of Notary Public (for resigning responsible individual):

State of \_\_\_\_\_, in the County of \_\_\_\_\_.

Subscribed and sworn before me by the above-named individual who is personally known to me or who has produced (type of identification) \_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on

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

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

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

Notary Public Stamp Here

\_\_\_\_\_  
New Responsible Individual's Name (print)  
(if applicable)

\_\_\_\_\_  
New Responsible Individual's Signature  
(if applicable)

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

## Certification of Acknowledgement of Notary Public (for Successor Responsible Individual):

State of \_\_\_\_\_, in the County of \_\_\_\_\_.

Subscribed and sworn before me by the above-named individual who is personally known to me or who has produced (type of identification) \_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on

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

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

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

Notary Public Stamp Here

**Customer Privacy Notice**  
**The Hartford Insurance Group, Inc. and Affiliates**  
(herein called “we, our, and us”)

*This Privacy Policy applies to our United States Operations*

We value your trust. We are committed to the responsible:

- a) management;
- b) use; and
- c) protection;

of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
  - b) your address;
  - c) your income;
  - d) your payment; or
  - e) your credit history;
- may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

- a) our insurance companies;
- b) our employee agents;
- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
  - b) market our services;
- to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

- a) independent agents;
  - b) brokerage firms;
  - c) insurance companies;
  - d) administrators; and
  - e) service providers;
- who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We, and third parties we partner with, may track some of the pages **You** visit through the use of:

- a) cookies;
- b) pixel tagging; or
- c) other technologies.

For more information, our Online Privacy Policy, which governs information we collect on our website and our affiliate websites, is available at <https://www.thehartford.com/online-privacy-policy>.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) “opt-out;” or
  - b) “opt-in;”
- as required by law.

We only disclose **Personal Health Information** with:

- a) your authorization; or
- b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:

- a) underwriting policies;
- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
  - b) the integrity of;
- Personal Information** that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;

- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data; and
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our privacy policies and procedures may be subject to discipline, which may include termination of their employment with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

As used in this Privacy Notice:

**Application** means your request for our product or service.

**Personal Financial Information** means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

**Personal Financial Information** may include Social Security Numbers, Driver's license numbers, or other government-issued identification numbers, or credit, debit card, or bank account numbers.

**Personal Health Information** means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

**Personal Information** means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

**Transaction** means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

**You** means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
  - b) applying for; or
  - c) obtaining;
- a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

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If you have any questions or comments about this privacy notice, please feel free to contact us at The Hartford – Consumer Rights and Privacy Compliance Unit, One Hartford Plaza, Mail Drop: HO1-09, Hartford, CT 06155, or at [ConsumerPrivacyInquiriesMailbox@thehartford.com](mailto:ConsumerPrivacyInquiriesMailbox@thehartford.com).

This Customer Privacy Notice is being provided on behalf of The Hartford Insurance Group, Inc. and its affiliates (including the following as of February 2025), to the extent required by the Gramm-Leach-Bliley Act and implementing regulations:

1stAGChoice, Inc.; Access CoverageCorp, Inc.; Access CoverageCorp Technologies, Inc.; Business Management Group, Inc.; Cervus Claim Solutions, LLC; First State Insurance Company; FTC Resolution Company LLC; Hart Re Group L.L.C.; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford Asia Limited; Hartford Casualty General Agency, Inc.; Hartford Casualty Insurance Company; Hartford Corporate Underwriters Limited; Hartford Fire General Agency, Inc.; Hartford Fire Insurance Company; Hartford Funds Distributors, LLC; Hartford Funds Management Company, LLC; Hartford Funds Management Group, Inc.; Hartford Holdings, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford Insurance, Ltd.; Hartford Integrated Technologies, Inc.; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Lloyd's Corporation; Hartford Lloyd's Insurance Company; Hartford Management, Ltd.; Hartford Management (UK) Limited; Hartford Productivity Services LLC; Hartford Singapore Pte. Ltd; Hartford of the Southeast General Agency, Inc.; Hartford of Texas General Agency, Inc.; Hartford Residual Market, L.C.C.; Hartford Specialty Insurance Services of Texas, LLC; Hartford STAG Ventures LLC; Hartford Strategic Investments, LLC; Hartford Underwriters General Agency, Inc.; Hartford Underwriters Insurance Company; Hartford Underwriting Agency Limited; Heritage Holdings, Inc.; Heritage Reinsurance Company, Ltd.; HLA LLC; Horizon Management Group, LLC; HRA Brokerage Services, Inc.; Lattice Strategies LLC; Maxum Casualty Insurance Company; Maxum Indemnity Company; Maxum Specialty Services Corporation; Millennium Underwriting Limited; MPC Resolution Company LLC; Navigators Holdings (UK) Limited; Navigators Insurance Company; Navigators Management Company, Inc.; Navigators Specialty Insurance Company; Navigators Underwriting Limited; New England Insurance Company; New England Reinsurance Corporation; New Ocean Insurance Co., Ltd.; NIC Investments (Chile) SpA; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Pacific Insurance Company, Limited; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; The Navigators Group, Inc.; Trumbull Flood Management, L.L.C.; Trumbull Insurance Company; Twin City Fire Insurance Company; Y-Risk, LLC.

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Mail this completed form  
to the appropriate address below.

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**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.

Following a significant business disruption, Hartford Funds will execute its **Business Continuity Plan** with the goal of recovering and resuming operations as quickly as possible given the scope and severity of the disruption. For further information regarding our Business Continuity Plan, please visit the Business Continuity section of our website at [www.hartfordfunds.com](http://www.hartfordfunds.com) or contact Hartford Funds at the above number.