

Transfer on Death (TOD) Form for Hartford Funds Non-Retirement Accounts

Purpose

To designate a beneficiary(ies) to a non-retirement account.

General Information

TOD is a form of ownership which enables the current owner(s) of an account to designate individuals or a legal entity such as a trust, corporation, or guardianship to automatically inherit the account upon the death of the current owner(s). The ownership transfers to the designated beneficiaries without the necessity of probate.

The TOD designation is available only for accounts registered in the name of a single individual owner, or registered as Joint Tenants with Rights of Survivorship.

Do not use this form for: IRA plans with UMB Bank, n.a. as Custodian; 403(b) plans; accounts registered as Joint Tenants in Common; or accounts owned by legal entities, including trusts.

Transfer of Ownership to Beneficiaries

Upon the death of the account owner or the last surviving joint owner, the account passes to the beneficiaries. The account goes first to the designated primary beneficiaries and then, if none of the designated primary beneficiaries have survived the account owner(s), to any designated contingent beneficiaries. If no beneficiary survives the account owner(s), the account passes, subject to probate, to the estate of the deceased account owner.

Failure to provide the percentage for each named beneficiary, or if the percentages provided do not total 100%, will result in equal allocation. If a primary beneficiary dies before you, the percentages will be recalculated proportionately among the surviving primary beneficiaries. Similar rules apply to contingent beneficiaries. Contingent beneficiaries inherit assets only if no primary beneficiaries survive you. You may wish to speak to an estate planner about your personal situation.

Section A - Owner Information (you must complete this section)

Owner's Name	Social Security Number
Account Number(s)	Telephone Number

Please note: If you have left the Account Number blank but you are submitting this form with a Hartford Funds Account Application, you are consenting to having the beneficiary designation on this form applied to the accompanying account application. If you have an existing account with Hartford Funds, we will apply your beneficiary designations only to the specific account(s) you have listed on this form.

Section B - New Beneficiary Designations

New Primary Beneficiary Designation

If this section is not completed and a primary beneficiary is currently designated, that designation will remain in effect.

By completing this section, all prior beneficiary designations will be replaced on the account specified in Section A.

If more than one beneficiary is listed and percentages are not provided, we will distribute all shares equally.

If percentages are supplied, they must equal 100%.

Date of birth and/or the last four digits of the Social Security Number are required; if one of them is not supplied, it could delay the transfer of assets.

If you wish to designate more than four primary beneficiaries, please attach a separate sheet of paper and include all the same information requested below.

Important: If you are a married account owner who currently resides (or previously resided) in a community property state, a marital property state, or a community property jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington Wisconsin, Puerto Rico or Guam), you may need to obtain your spouse's consent if you name someone other than your spouse as your primary beneficiary. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a qualified tax or legal advisor.

I am not married – I understand that if I become married in the future, I may need to complete and send a new Transfer on Death Form for Hartford Funds Non-Retirement Accounts (MF-10002).

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Primary Beneficiaries

First Name, Middle Initial, Last Name, or Name of Trust	Date of Birth or Date of Trust (mm/dd/yyyy)	Last four of Social Security Number or Tax Identification Number	Relationship to Shareholder	% of Account
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%

New Contingent Beneficiary Designation

If this section is not completed and a contingent beneficiary is currently designated, that designation will remain in effect.

By completing this section, all prior contingent beneficiary designations will be replaced on the account specified in Section A.

If more than one beneficiary is listed and percentages are not provided, we will distribute all shares equally.

If percentages are supplied, they must equal 100%.

Date of birth and/or the last four digits of the Social Security Number are required; if one of them is not supplied, it could delay the transfer of assets.

If you wish to designate more than four contingent beneficiaries, please attach a separate sheet of paper and include all the same information requested below.

Contingent Beneficiaries (optional)

First Name, Middle Initial, Last Name, or Name of Trust	Date of Birth or Date of Trust (mm/dd/yyyy)	Last four of Social Security Number or Tax Identification Number	Relationship to Shareholder	% of Account
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other	_____%

Section C - Spousal Consent for Change of Beneficiary in Community Property States

Spousal Consent of Beneficiary Designation

If you are married to the account owner and he or she has designated a beneficiary(ies) other than you, please consult your financial advisor about the state law and tax law implications of this beneficiary designation, including the need for your consent. By signing below you indicate that you are the spouse of the individual named in Section A and that you consent to the designated beneficiary(ies). Hartford Funds, or its agent, are not responsible for determining whether an account owner is married and is a resident of a jurisdiction in which community property rules apply.

Spouse's Name (print)

Spouse's Signature

Date Signed (mm/dd/yyyy)

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Section D - Authorization/Acknowledgment and Taxpayer Identification Number Certification

The undersigned hereby instruct Hartford Funds, or its agent to register the account listed above, subject to the TOD regulations of the Securities Transfer Association as now or hereinafter in effect, for the benefit of the beneficiary designated above. Each of the undersigned hereby agrees to indemnify Hartford Funds, and its agent against any loss, claim, or expense (including reasonable attorney's fees) to the extent that any transfer on death effected pursuant to these instructions is alleged or found for any reason to have been invalid or ineffective for any reason, and Hartford Funds, and its agent will be entitled to attach or debit the account for the TOD beneficiary to the extent necessary to enforce their rights to this indemnity.

The undersigned hereby revokes any and all prior designations of a TOD beneficiary, and understands that he/she may change this TOD beneficiary designation at any time by submitting a new Transfer On Death Form, in proper form.

Owner's Name (print)

Owner's Signature

Date Signed (mm/dd/yyyy)

Joint Owner Name (if applicable) (print)

Joint Owner Signature (if applicable)

Date Signed (mm/dd/yyyy)

Power of Attorney Name (if applicable) (print)

Power of Attorney Signature (if applicable)

Date Signed (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.