Hartford Funds IRA Distribution Request Form

(use only for IRA accounts with UMB Bank, n.a. as custodian)

HARTFORDFUNDS

Our benchmark is the investor.®

Purpose

Use this form to request a one-time distribution or systematic distribution from your IRA account. Please read the instructions carefully to complete the form. Hartford Funds strongly recommends that you consult with your qualified tax professional for any tax questions pertaining to distributions taken from your retirement accounts.

Do not use this form for distributions due to death, required minimum distributions ("RMDs"), return of excess contributions or to establish substantially equal periodic payments under Internal Revenue Code section 72(t).

Section A - Hartford Funds Account Owner Information

Owner Name	Social Security Number
Account Number	Telephone Number

Section B - Reason for Distribution

☐ Make a Normal Distribution. Shareholder is age 59½ or older.

☐ Make a Premature Distribution. Shareholders under age 59½ may be subject to a tax penalty. Please consult with your tax professional as to whether you qualify for an exception to an early withdrawal penalty. If you are under 59½, you will be subject to a 10% early withdrawal penalty unless you meet an exception under the Internal Revenue Code. In order to claim an exception, you must file IRS Form 5329 with your tax return. Visit the IRS website at irs.gov for more details.

☐ Make a Distribution due to total and permanent disability within the meaning of section 72(m)(7) of the Internal Revenue Code.

Note: In an effort to properly code Form 1099 for tax reporting, a reason for the distribution must be provided. If a reason is not indicated, the distribution will be coded based on your age.

IRA Redemptions can have tax implications. Please consult a tax professional to ensure you have a full understanding of the tax implications and IRS regulations prior to initiating a distribution. For more information, consult IRS Publication 590.

Section C -Type of Distribution

Distributions of more than $100,000 require a Medallion Signature Guarantee. Deferred sales charges may apply to some distributions as described in the prospectus.

As outlined in Sections G and H, taxes will automatically be withheld if applicable.

☐ Full Distribution – All Funds within the account number listed above will be redeemed.

☐ One-time Partial Distribution ☐ Gross ☐ Net Distribution Amount: $_____

Gross reflects amount before any applicable fees, Contingent Deferred Sales Charge ("CDSC"), and state and federal tax withholding.

Net reflects amount after any applicable fees, CDSC, and state and federal tax withholding.

If you do not indicate *Gross* or *Net*, the distribution will default to *Gross*.

☐ Systematic Distribution

Section D - Systematic Distribution

Systematic distributions of $50 of more are available only for accounts with balances of $5,000 or more. You may request a specific dollar amount or an annualized percentage of the market value of your account to be withdrawn on the day of the month specified (any day, 5th through 28th).

Please begin my payments on: (mm/dd/yyyy) _____. If you do not indicate a date, the payment will occur on the 10th of the month or next business day based on the payment frequency.

Payment Frequency (select one):

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

☐ I would like my distributions to represent an annualized percentage of the account listed. Specify percent: _____%

☐ I wish to receive a ☐ Gross ☐ Net total of $_____ each payout, distributed from the funds as specified below.

Gross reflects amount before any applicable fees, Contingent Deferred Sales Charge ("CDSC"), and state and federal tax withholding.

Net reflects amount after any applicable fees, CDSC, and state and federal tax withholding.

If you do not indicate *Gross* or *Net*, the distribution will default to *Gross*.

Section E - Fund Election

For a partial or systematic distribution, please indicate the fund(s) being redeemed and the amount(s) to redeem from each fund. For a complete list of funds, please refer to Fund List AC_IRA, which is available on our website at www.hartfordfunds.com. If nothing is selected, we will default to pro-rata based on the distribution amount and the current values in each investment selection. Please use whole percentages that together total 100%.

Fund Name	Class	Dollar Amount	Percentage*
		$ _____	or _____%
		$ _____	or _____%
		$ _____	or _____%
		$ _____	or _____%

Section F - Distribution/Payment Instructions

Unless instructed otherwise, your distribution will be mailed to your current address of record. A Medallion Signature Guarantee is required if the address has been changed within the past 30 days and the distribution is more than $1,000.

1. ☐ Send check(s) to my current address of record

☐ Forward my check(s) to the following address (if other than address of record, a Medallion Signature Guarantee is required):

Mailing Address	City	State	Zip

☐ Permanent address change ☐ Temporary address change (if nothing is checked, address will not be changed)

2. ☐ I elect to have my distribution deposited to my Checking/Savings Account.

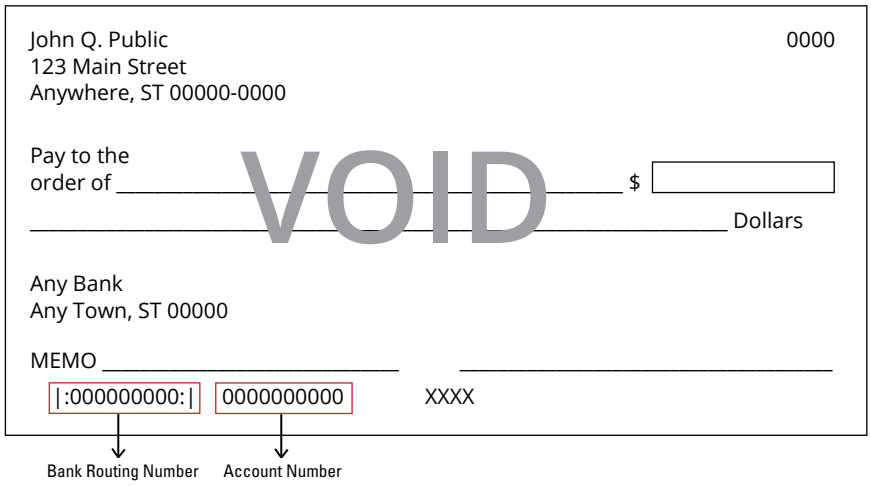
If banking instructions are not already on your account, an original voided check or a deposit slip is required.

Important: By signing this paperwork, you agree and confirm that your use of Automated Clearing House ("ACH") Network will not result in transfers to or from a financial institution outside of the United States. You also understand it is your responsibility to notify Hartford Funds if any changes to your status occur that may require funds to be sent to or from a financial institution outside of the United States.

Name of Financial Institution		
Account Number at Financial Institution	Bank Routing Number (must be 9 digits - attach a voided check)	☐☐☐☐☐☐☐☐☐
Account Type (please select one)	☐ Checking (attach a voided check below) ☐ Savings (attach a deposit slip)	
Bank Account Owner(s)		

Note: If the registration on the bank account is different from the registration on the Hartford Funds account or if this is a new or updated bank account on the record, we require a Medallion Signature Guarantee.

Medallion Signature Guarantee Stamp Here



Attach an original voided check here. Please use tape instead of staples.

- No faxed copies allowed.
- No Starter Checks.
- Minimum ACH is $50 per fund per month.
- ACH will arrive in 2-3 business days.
- There is no fee for this option.

Section G - State Income Tax Withholding

Hartford Funds may be required to withhold state tax from your distribution based upon state tax law for your state of residency. Your state of residency is determined by the legal address of record on your account. We recommend that you contact your tax professional regarding your tax withholding elections, and to answer any questions that you may have regarding your state's withholding laws.

Section H - Federal Income Tax Withholding (Required)

Federal tax law requires us to withhold a default rate of 10% of the taxable amount of distributions made to payees within the United States unless you select a different rate.

For distributions outside the United States, the default withholding rate is 10%. You can choose to have a different rate, but you generally can't choose a rate of less than 10% for payments delivered outside the United States and its territories.

For distributions to nonresident aliens, federal tax law generally requires us to withhold a default rate of 30% of the taxable amount of the distribution. Do not use Form W-4R. See IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Publication 519, U.S. Tax Guide for Aliens, for more information.

Complete the attached Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, to indicate your federal tax withholding election. Use whole percentages only. Return the completed and signed Form W-4R with this completed and signed IRA distribution request form. If Form W-4R is not returned, incomplete, or indicates partial percentage withholding, we must withhold 10% of the payment for federal income tax and we cannot honor requests to have a lower (or no) amount withheld.

If you have chosen a systematic distribution, you may change your federal withholding election at any time by calling us at (888) 843-7824 or by completing and submitting a new Form W-4R. You can obtain another copy of Form W-4R at www.irs.gov/forms-instructions.

Section I - Authorization/Acknowledgment

I certify that I am the individual authorized to make these elections and that all information provided is true and accurate. I have also completed and signed Form W4-R to indicate my federal income tax withholding election and will return it with this form.

I further agree that neither Hartford Funds nor any of its agents, including the IRA custodian and the funds' sub-transfer agent, has given me tax or legal advice, and that all decisions regarding the elections made on this form are my own.

I also agree that neither Hartford Funds nor its agents are in any way responsible for my elections on this form and shall be indemnified and held harmless for any tax, legal or other consequences of the elections I made on this form.

I accept full responsibility for complying with all IRS requirements regarding distributions from my IRA.

Hartford Funds and/or its agents are hereby authorized and directed to distribute funds from my account in the manner I requested.

Hartford Funds and/or its agents may conclusively rely on this authorization without further investigation or inquiry.

I expressly assume responsibility for any adverse consequences which may arise from the elections on this form.

Medallion Signature Guarantee Stamp Here

_____ _____

Account Owner's Signature Date Signed (mm/dd/yyyy)

Medallion Signature Guarantee Stamp Here
(required for POA, Guardian or Conservator)

_____ _____

Authorized Signer (optional) Date Signed (mm/dd/yyyy)
Required Format: John Doe (POA) fbo Jane Doe

If a Medallion Signature Guarantee is required for processing, mail paperwork to the address below. Medallion Signature Guarantees cannot be faxed.

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
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.

Form **W-4R**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074

2026

1a First name and middle initial	Last name	**1b Social security number**

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	**2**	**%**

Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to *www.irs.gov/FormW4R*.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2026 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		**Married filing jointly or Qualifying surviving spouse**		**Head of household**	
Total income over—	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**
$0	**0%**	$0	**0%**	$0	**0%**
16,100	**10%**	32,200	**10%**	24,150	**10%**
28,500	**12%**	57,000	**12%**	41,850	**12%**
66,500	**22%**	133,000	**22%**	91,600	**22%**
121,800	**24%**	243,600	**24%**	129,850	**24%**
217,875	**32%**	435,750	**32%**	225,900	**32%**
272,325	**35%**	544,650	**35%**	280,350	**35%**
656,700*	**37%**	800,900	**37%**	664,750	**37%**

*If married filing separately, use $400,450 instead for this 37% rate.

General Instructions *(continued)*

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including "-0-"). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying "hardship" distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be $20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be $70,000 without the payment. Step 1: Because your total income without the payment, $70,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, $90,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be $60,000 without the payment. Step 1: Because your total income without the payment, $60,000, is greater than $28,500 but less than $66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, $80,000, is greater than $66,500 but less than $121,800, the

corresponding rate is 22%. The two rates differ. $6,500 of the $20,000 payment is in the lower bracket ($66,500 less your total income of $60,000 without the payment), and $13,500 is in the higher bracket ($20,000 less the $6,500 that is in the lower bracket). Multiply $6,500 by 12% to get $780. Multiply $13,500 by 22% to get $2,970. The sum of these two amounts is $3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the $20,000 payment ($3,750 divided by $20,000). Enter "19" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.