

# Redemption Form for Non-Qualified Hartford Funds Accounts (Do not use for Retirement Accounts)

**HARTFORDFUNDS**

Our benchmark is the investor.\*

Use this form if you would like to take a distribution from your Non-Qualified Hartford Funds account. Requests may be submitted via fax to **Attn: Hartford Funds at 1-888-802-0039**.

**Contact Information:**

Online:  
www.hartfordfunds.com

Telephone:  
Call 1-888-843-7824

Fax: 1-888-802-0039  
Attn: Hartford Funds

(Note: Medallion Signature Guarantee stamp cannot be faxed)

## Section A - Hartford Funds Account Owner Information

Account Number	Daytime Telephone Number
Primary Owner Name	Joint Owner (if applicable)
Primary Owner Social Security Number	Joint Owner Social Security Number
Primary Owner Date of Birth	Joint Owner Date of Birth
Residential Address	

## Section B - Distribution Amount

☐ Full Redemption - All funds within the account number listed above will be redeemed.

☐ Partial Redemption (Section C is required)      Redemption Amount: \$ \_\_\_\_\_

**Note:** Redemption requests from C shares may be subject to a Contingent Deferred Sales Charge (CDSC). In order to provide a check for your requested amount; it may be necessary to redeem an additional amount for any applicable CDSC fees.

## Section C - Fund Election

For a partial redemption, please indicate the fund(s) being redeemed and the amount(s) to redeem from each fund:

Withdraw my distributions as instructed below:

Fund Name	Class	Number of Shares
	_____	\$ _____ or _____ %
	_____	\$ _____ or _____ %
	_____	\$ _____ or _____ %
	_____	\$ _____ or _____ %
<b>Total</b>		\$ _____ or <b>100</b> %

\* We will only accept whole percentages (e.g. 50%, 67%, etc.)

**Note:**

If you leave Section C blank, we will default to pro-rata based on the distribution amount and the current market value of your fund holdings.

If you choose a distribution in a dollar amount greater than the market value of your fund holdings, we will make a FULL distribution on the selected fund (this will only affect the selected fund, not the entire account).

Fund Minimums do apply: You must retain at least \$1000 in the Fund from which you redeem. Minimum investment amounts may be reduced to \$50 if the fund has an active Automatic Investment Plan (AIP).

**Section D - Delivery Options** (Required)

Please select one of the following options:

1. ☐ Forward check to my current address of record (Default)  
☐ Forward check to an alternate address: (medallion signature guarantee required in section F)

Mailing Address	City	State	Zip
-----------------	------	-------	-----

Is this a Permanent Change of Address? ☐ Yes

2. ☐ Deposit to current bank account of record via ACH (If multiple banks on record, please indicate below)

Financial Institution Name	Account Number
----------------------------	----------------

3. ☐ Deposit to the bank account below via ACH (all fields below are required)

**Important:** By signing this paperwork, you agree and confirm that your use of the 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	
Checking Account Number at Financial Institution	Bank Routing Number (must be 9 digits - attach a voided check)
Account Type (please select one) <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a deposit slip)	
Bank Account Owner(s)	

John Q. Public 123 Main Street Anywhere, ST 00000-0000		0000
Pay to the order of _____ \$ _____		
_____ Dollars		
Any Bank Any Town, ST 00000		
MEMO _____		
:000000000:	0000000000	XXXX
↓	↓	
Bank Routing Number	Account Number	

Attach a voided check here.  
Please use tape instead of staples.



- 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.

**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.

## Section E - Cost Basis Information

Complete this section if you would like your shares removed with a different cost basis determination method than is currently on your account. If you would like to change the method listed on your account or your current method is average cost, please complete the Cost Basis Election Form (MF-10087) and send with this form.

### E1. Cost Basis Methods

First In, First Out (FIFO)	This method will remove shares based on the order purchased; shares purchased first will be removed first.
Last In, First Out (LIFO)	This method will remove shares based on the order purchased; shares purchased last will be removed first.
High Cost, First Out (HIFO)	This method will remove shares based on the cost per share; shares with the highest cost per share will be removed first.
Low Cost, First Out (LOFO)	This method will remove shares based on the cost per share; shares with the lowest cost per share will be removed first.
Loss/Gain Utilization (LGUT)	This method will remove shares based on the calculated gain or loss per share in the following order: 1. Short-term losses per share, in order of greatest loss per share to least 2. Long-term losses per share, in order of greatest loss per share to least 3. Long-term gains per share, in order of least gain per share to greatest 4. Short-term gains per share, in order of least gain per share to greatest
Specific Lot Identification (SLID)	This method allows you to identify specific shares to be depleted each time shares are sold to determine cost basis and any applicable gain or loss. If choosing this method, specific lots <b>must</b> be identified at the time of distribution. <b>Note:</b> If specific lots are not identified, the method you have elected will be used to determine depletion order. If you have not elected a method, a FIFO depletion order will be used.

### E2. Election Method Selection

Complete option 1 **or** option 2

Hartford Funds cannot offer tax advice. You should consult with a qualified tax advisor to determine the method that makes the most sense for you, or if you have tax questions regarding your account. The election method that you select will impact the order in which both covered and uncovered shares are removed from your account. Hartford Funds is required to provide cost basis reporting and holding period information to the IRS for covered shares.

		First In, First Out (FIFO)	Last In, First Out (LIFO)	High Cost, First Out (HIFO)	Low Cost, First Out (LOFO)	Loss/Gain Utilization (LGUT)	Specific Lot Identification (SLID)
<b>Option 1</b>	Elect a method of all funds and accounts included in this distribution request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>OR</b>						
<b>Option 2</b>	Elect a different method for each fund included in this distribution requests:						
	Fund Name & Class or Fund Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fund Name & Class or Fund Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fund Name & Class or Fund Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E3. Specific Lots to deplete:** Complete the table below if SLID was chosen in Section E2.

Hartford Funds will remove all shares from the lots in the order in which they are listed below unless you tell us the specific number of shares to deplete from each lot.

Fund Name	Class	Number of Shares
	_____	_____ and Date Purchased _____
	_____	_____ and Date Purchased _____
	_____	_____ and Date Purchased _____
	_____	_____ and Date Purchased _____

**Note:** Please attach a separate piece of paper for additional tax lots.

## Section F - Authorization / Acknowledgment (you must complete this section)

Please redeem the above requested amounts as directed. I agree with the requirements set forth on this form.

\_\_\_\_\_  
Account Owner Signature

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

Medallion Signature Guarantee  
Stamp Here

\_\_\_\_\_  
Joint Owner/ Co-Trustee Signature / Authorized Signer (if applicable)  
Required Format: John Doe (POA) fbo Jane Doe

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

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

**Note:** For accounts not registered in the shareholder's name (Custodial Accounts, Trusts, Estates, Conservatorships, Corporations, etc.), certified proof of appointment may be required. For UTMA/UGMA accounts, if minor has reached age of termination per state requirements, additional paperwork may be required. A medallion signature guarantee may also apply.

### Medallion Signature Guarantee

A Medallion Signature Guarantee Stamp is required in the following circumstances:

- Your address of record has changed within the past 30 days
- You are selling more than \$100,000 worth of shares
- You are requesting payment be delivered to an address other than the address of record

### Reminder of Reinstatement Privilege

When shares of a fund are sold, some or all of the proceeds can be reinvested in the same fund, or any other Hartford Funds fund, within 90 days without a sales charge, as long as we are notified at the time of the reinvestment. If Class A or C shares were sold, the shareholder must reinvest in shares of the same Class. If a CDSC was paid when the Class A or C shares were sold, the account will be credited with the amount of the CDSC. All accounts involved must have the same registration.

Please refer to the fund prospectus for complete details of the reinstatement privilege.

### Have you...

- completed Section A and provided a Name, Account, and Social Security Number?
- provided the distribution type in Section B and the partial redemption amount, if applicable?
- provided fund selection in Section C, if applicable?
- completed Section D to provide us with delivery instructions and included a voided check for EFT?
- completed Section E for Cost Basis?
- signed and dated the form in Section F and received a Medallion Signature Guarantee, if applicable?
- signed and dated the form in Section F and received a signature guarantee if the Power of Attorney is acting on behalf of the contract owner?

#### For standard mail delivery:

Hartford Funds  
PO Box 219060  
Kansas City, MO 64121-9060

#### For private express mail:

Hartford Funds  
801 Pennsylvania Ave Suite 219060  
Kansas City, MO 64105-1307