

# Hartford Funds IRA Beneficiary Claim Form

## Important Notice – The USA PATRIOT Act

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. In some cases, Federal law also requires us to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

**What this means to you:** When you open an account, we will ask for names, addresses, dates of birth, and other information that will allow us to identify you and certain other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

## Purpose

To initiate a claim if you are the beneficiary of a Hartford Funds' Traditional, Roth, SIMPLE, or SEP account where UMB Bank, n.a. is listed as Custodian and the IRA owner has passed away.

## Instructions

A separate form must be completed by each beneficiary or for estate and trust beneficiaries, by each executor, trustee, or administrator.

This form requires a notary seal.

A copy of a certified death certificate must accompany this form.

Beneficiary Minimum Distribution Requirements are included on the back of this form, however, you should consult with a professional tax advisor regarding any questions concerning distributions from your beneficiary IRA account. Also note that if you are inheriting from a previously inherited IRA, the rules are complex and are not explained in this form. Check with your tax advisor to understand the restrictions that apply to such accounts.

A distribution of the account (other than qualified Roth IRA distributions) generally results in taxable income to the beneficiary in the year of the distribution. The IRS requires Hartford Administrative Services Company ("HASCO"), as agent for UMB Bank, n.a. ("UMB"), to report distributions without regard to their taxable status. Non-deductible contributions are not included as taxable income to the beneficiary; however HASCO as agent for UMB Bank, n.a. will report the entire amount distributed from the IRA on the appropriate forms to the IRS. It is the beneficiary's responsibility based on the IRA owner's records to report the taxable and non-taxable portion of a distribution from an IRA that includes non-deductible contributions.

### Section A - Deceased IRA Owner Information

Owner's Name	Social Security Number
Account Number(s)	Owner's Date of Death (mm/dd/yyyy)

### Section B - Beneficiary Information

If the beneficiary is an individual, a Social Security Number is required.

If the beneficiary is an estate, a distinct Tax Identification Number ("TIN") for the estate is required.

First Name, Middle Initial, Last Name, or Name of Estate	Date of Birth (mm/dd/yyyy) (n/a for Estate)	Social Security Number or TIN	
Permanent Address (P.O. Boxes not allowed)	City	State	ZIP Code
Mailing Address (if different than permanent address)	City	State	ZIP Code
Telephone Number	Relationship to IRA Owner:	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse	

If the beneficiary is an Entity, Minor with Parent/Guardian, or has acting Power of Attorney ("POA"), the personal information of the person acting on behalf of the beneficiary is required to meet the requirements listed under the USA PATRIOT Act.

Name of Executor, Trustee, Administrator, Parent/Guardian, or Power of Attorney			
Social Security Number or TIN	Date of Birth or Date of Trust (mm/dd/yyyy)	Telephone Number	
Permanent Address (P.O. Boxes not allowed)	City	State	ZIP Code

**Note:** An inheritance tax waiver may be required for certain states. Please consult your tax advisor or probate office to determine if one is required.

### Section C - Additional Required Documents

**Note:** Distributions to the account types listed below will not be honored unless the additional paperwork requirements are included with this claim form.

Account Type	Additional Requirement
Trust	Hartford Funds Trustee Certification Form (MF-10092)
Limited Liability Company (LLC), C Corporation, S Corporation, Partnership, Statutory Trust, or Non-Profit	Legal Entity Beneficial Ownership Certification Form (MF-10098)
Power of Attorney	Hartford Funds Power of Attorney (POA) Form (MF-10102)

### Section D - Beneficiary Options

**Note:** Please read the attached Beneficiary Minimum Distribution requirements prior to choosing your option.

**Note:** If you choose to transfer the assets into an IRA in your name (surviving spouse only) or a beneficiary IRA, obtain a Traditional/Roth Retirement Custodian Agreement and Disclosure Statement found at [www.hartfordfunds.com](http://www.hartfordfunds.com).

**Choose one:**

- Redeem the entire account balance. The distribution, to the extent taxable, is taxed as ordinary income to the beneficiary in the year of the distribution. (Proceed to section I)
- Transfer the assets into an IRA in my name (available for surviving spouse only)\*
- Transfer the assets into a beneficiary IRA\*\*

\* If you are establishing an IRA in your name (surviving spouse only), complete and submit a Hartford Funds IRA Adoption Agreement (MF-10023) with this form.

\*\* Your assets will remain invested in the fund(s) originally selected by the decedent. Once the beneficiary IRA has been established, you may provide alternative investment instructions. Please consult with your financial advisor.

### Section E - Complete if the Decedent was over age 70½

Under IRS regulations, if the decedent was over age 70½, a Required Minimum Distribution ("RMD") must be taken for the current year. If the decedent passed away in the current year, and did not take the entire RMD this year from this or another IRA and you are not requesting to redeem the entire account, the RMD will be distributed to you prior to transferring the account to a spousal IRA or beneficiary IRA.

If you do not wish to have the decedent's RMD for this calendar year distributed, please check the statement below:

- I do not wish to have the decedent's RMD for this calendar year distributed prior to transferring the account.

**Section F – Distribution Instructions**

If the assets are transferred into an IRA in your name (surviving spouse only) or into a beneficiary IRA, you may be required to establish RMD payments. Please consult with your financial advisor.

- Partial Distribution of \$ \_\_\_\_\_ or \_\_\_\_\_%
- Set up periodic distributions:
  - RMD; minimum based on the named beneficiary's life expectancy, or if applicable, the decedent's life expectancy.
  - Fixed amount of \$ \_\_\_\_\_ each period.
  - Period certain distributions over \_\_\_\_\_ years (not to exceed life expectancy). Consult a tax advisor to ensure the distributions meet the minimum requirements.

**Section G – Periodic Distribution Frequency and Scheduled Payment Date**

If instructions are not provided, periodic distributions, including RMD payments will be sent annually, on the month and date the form was received by Hartford Funds in good order.

**Election:** Automatically distribute the required amount (choose one):

<input type="checkbox"/> Monthly	_____ Please specify a beginning date (mm/dd)
<input type="checkbox"/> Quarterly	_____ Please specify a beginning date (mm/dd)
<input type="checkbox"/> Semi-Annually	_____ Please specify a beginning date (mm/dd)
<input type="checkbox"/> Annually	_____ Please specify a beginning date (mm/dd)

**Section H – Successor Primary and Contingent Beneficiary Designation**

If you are transferring the assets into an IRA in your name (surviving spouse only), do not complete this section. Please complete the beneficiary information on the IRA/Roth IRA Adoption Agreement (MF-10023).

Use this section to name a successor beneficiary(ies) to your beneficiary IRA account who will receive remaining amounts if the current recipient beneficiary dies before receiving payment of the entire account balance. Use an additional page if necessary. Please use whole percentages that together total 100%.

I hereby designate the person(s) named below as Primary Beneficiary(ies) in accordance with the Custodial Agreement. If no Primary Beneficiary survives me, I hereby designate the person(s) named below as Contingent Beneficiary(ies). This Designation of Beneficiary may have important tax or estate planning implications. If you do not name a beneficiary (or if your named beneficiary(ies) does not survive you), your estate will be the beneficiary of your beneficiary IRA account.

**Note:** Special RMD rules apply to your beneficiaries. These rules are not described in this form. Consult a tax advisor for more information.

**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.

**Note:** Inherited property may or may not be subject to community property rules, depending on the laws of the applicable state.

- I am not married - I understand that if I become married in the future, I may need to complete and send a new Hartford Funds IRA Beneficiary Change Form (MF-10057).

**Primary Beneficiaries**

First Name, Middle Initial, Last Name, or Name of Trust	Date of Birth or Date of Trust (mm/dd/yyyy)	Social Security Number or Tax Identification Number (TIN)	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	_____%



**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.



John Q. Public 0000  
 123 Main Street  
 Anywhere, ST 00000-0000

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

Any Bank  
 Any Town, ST 00000

MEMO \_\_\_\_\_

|:0000000000:| 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.

**Section J – Income Tax Withholding**

**Federal Tax Withholding Election (required)**

Federal tax law requires us to withhold federal income taxes from your distribution at the rate of 10% unless you affirmatively elect not to have withholding apply or you elect an additional amount.

Please make your federal tax withholding election by selecting one option below:

- Do not withhold federal income tax
- Withhold 10% federal income tax
- Withhold \_\_\_\_% federal income tax (must be more than 10%)

**State Tax Withholding Election (optional)**

Your state of residence dictates the applicable state income tax withholding requirements. Some states are Mandatory States that may require state income tax to be withheld from your distribution unless you affirmatively elect not to have withholding apply. Other states are Voluntary States that do not require a tax withholding, but do let individual taxpayers determine whether they want state taxes withheld. There are also some states that will not allow state income tax withholding on your distribution. Please consult with your tax advisor or refer to your state tax laws for more information.

You may select an applicable State Tax Withholding Election below:

- Mandatory States Only - Do **not** withhold state income tax
  - For Connecticut taxpayers, state Form CT W4-P is also required to waive withholding
  - For Michigan taxpayers, state Form MI W4-P is also required to waive withholding
  - For Washington, D.C. taxpayers, note withholding is required and cannot be waived if a redemption is closing the IRA
- Voluntary States Only - Withhold \_\_\_\_% state income tax

For periodic distributions, the withholding election will remain in effect until you revoke it. You may change or revoke your withholding election by sending a signed letter to Hartford Funds at least 5 days before the effective date of the change or revocation.

**Section K – Broker Dealer Information**

At the time the account is re-registered to you, the broker dealer of record on the deceased 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	Rep Number		

**Note:** If you do not designate a broker dealer, your account will, by default, have No Broker Dealer of Record.

At Hartford Funds, we believe it is important to make informed financial decisions; however, we are unable to provide you with investment, tax, legal or any other advice. This is why we believe in the value of advice from a trusted financial professional.

**Section L - Signature and Taxpayer Identification Number Certification (required)**

I have full authority and am of legal age, or I am a parent or guardian of the minor.

I acknowledge that I am aware of and understand all of the options available to me.

I affirm that the information I have included on the form is true and correct.

I authorize and direct Hartford Administrative Services Company, as agent for UMB Bank, n.a., the Custodian of the account invested in Hartford Funds, to make distributions and take other actions as described above.

I understand that it is my responsibility to seek appropriate tax advice regarding my rights and obligations as beneficiary of this IRA.

I understand that I am responsible for satisfying the RMD rules and for the payment of all taxes associated with my beneficiary IRA.

**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).

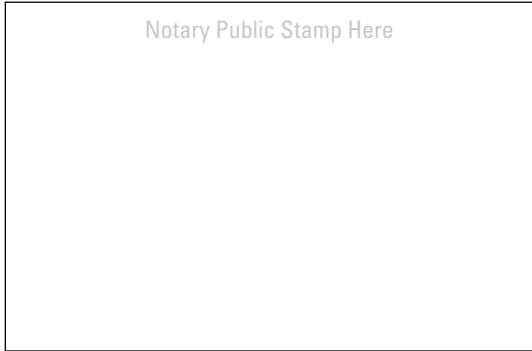
**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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.**

**If Beneficiary/Inherited Assets Will Be Transferred To A Spousal Or Beneficiary IRA:**

- I consent to the annual maintenance fee as described in Hartford Funds Traditional/Roth IRA Disclosure Statement (with a maximum fee of \$25 for accounts below \$10,000) which will be deducted from my IRA unless I have paid the fee separately.
- I consent to the \$30 annual direct account fee which will be deducted automatically from my account on or about June 1 each year.
- If I am establishing an IRA with Hartford Funds, I appoint UMB Bank, n.a. as Custodian for the account. I have received and read the necessary custodian and disclosure statements.
- I have received and read the prospectus for each inherited fund.
- I understand that neither Hartford Funds Management Company, LLC ("HFMC"), the investment manager to Hartford Funds, nor Hartford Funds Distributors, LLC ("HFD"), the principal underwriter to Hartford Funds, is providing advice or recommendations to me, and that neither HFMC nor HFD is serving in a fiduciary capacity with respect to this or any account. I understand that I should contact my financial advisor should I seek advice or a recommendation prior to making an investment decision.
- I understand my property may be transferred to the appropriate state if no activity occurs in my account within the time frame specified by state law.



\_\_\_\_\_  
Beneficiary's Name (print)

\_\_\_\_\_  
Signature of Beneficiary or authorized signer  
(sign in the presence of a Notary Public)

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_):

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally  
appeared \_\_\_\_\_, to me personally known  
to be the individual described herein and who executed the foregoing  
instrument, and acknowledged that he executed the same.

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

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

**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.

**Beneficiary Minimum Distribution Requirements**

As noted above, the requirements summarized here do not address the special rules that apply when a beneficiary inherits a previously inherited IRA. Consult a tax advisor for more information.

**I. Surviving Spouse Beneficiary**

- A.** If the owner died on or after his or her required beginning date (generally April 1 following the year the owner attained age 70½):
1. The surviving spouse beneficiary may roll over or transfer all or part of the plan balance (with the exception of the owner's year of death required minimum distribution which cannot be included in a rollover) to an IRA in his/her own name.
  2. The surviving spouse beneficiary may take distributions over his/her single life expectancy (recalculated) commencing in the year after death.
  3. The surviving spouse may request a distribution based on the single life expectancy of the owner (if longer than the surviving spouse beneficiary's life expectancy) commencing in the year after death.
  4. The surviving spouse beneficiary may request a full distribution at any time. Since other requirements may apply, including requirements for a spouse beneficiary who is not the sole beneficiary, the spouse beneficiary should consult with a tax advisor for further guidance.
- B.** If the owner died before his or her required beginning date:
1. The surviving spouse beneficiary may roll over or transfer all or part of the plan balance to an IRA in his/her own name.
  2. The surviving spouse beneficiary may take distributions over his/her single life expectancy (recalculated) commencing in the year after death.
  3. The surviving spouse beneficiary may, under the 5-year rule, request a distribution at any time. The assets must be fully distributed to the spouse beneficiary no later than December 31 of the fifth year following the owner's death (as long as the assets are completely depleted by this date, distributions need not be taken or may be taken in any amount during the 5-year period).
  4. The surviving spouse beneficiary may delay any distribution until the owner would have attained age 70½, then take the distribution over the single life expectancy of the spouse beneficiary (recalculated).

*Since other requirements may apply, including requirements for a spouse beneficiary who is not the sole beneficiary, the spouse beneficiary should consult with a tax advisor for further guidance.*

**II. Individual Non-Spouse Beneficiary**

- A.** If the owner died on or after his or her required beginning date (generally April 1 following the year the owner attained age 70½):
1. An individual non-spouse beneficiary may take distributions over his/her single life expectancy (non-recalculated) provided payments commence no later than December 31 following the year the owner died.
  2. An individual non-spouse beneficiary may request a distribution based on the single life expectancy of the owner (if longer than the non-spouse beneficiary's life expectancy) commencing in the year after death.
  3. The non-spouse beneficiary may request a full distribution at any time.
- B.** If the owner died before his or her required beginning date:
1. An individual non-spouse beneficiary may take distributions over his/her single life expectancy (non-recalculated) provided payments commence no later than December 31 following the year the owner died; or
  2. An individual non-spouse beneficiary may, under the 5-year rule, request a distribution at any time. The assets must be fully distributed to the beneficiary no later than December 31 of the fifth year following the owner's death (as long as the assets are completely depleted by this date, distributions need not be taken or may be taken in any amount during the 5-year period).

**III. Trust Or Estate (Or Other Entity) Beneficiary**

- A.** If the owner died on or after his or her required beginning date (generally April 1 following the year the owner attained age 70½):
1. The trust or estate (or other entity) beneficiary may take distributions over the owner's single life expectancy calculated in year of death, reduced by one for each subsequent year provided payments commence no later than December 31 following the year the owner died.
  2. The trust or estate (or other entity) beneficiary may request a full distribution at any time.
- B.** If the owner died before his or her required beginning date:
1. A trust or estate (or other entity) beneficiary may, under the 5-year rule, request a distribution at any time. The assets must be fully distributed by the trust or estate (or other entity) no later than December 31 of the fifth year following the owner's death (as long as the assets are completely depleted by this date, distributions need not be taken or may be taken in any amount during the 5-year period).