

Hartford Funds Calculation Method Change Request for 72(t) Substantially Equal Periodic Payments (SEPP) From IRA and 403(b) Accounts

HARTFORDFUNDS

Our benchmark is the investor.®

Use this form if you would like to change the method used for calculating distributions from an existing IRC §72(t) Substantially Equal Periodic Payments (SEPP) plan to the "Life Expectancy" method, from either the "Fixed Amortization" method or the "Fixed Annuitization" method. To assist you in preventing an impermissible modification, your account may be restricted from future purchases until you request that we remove this restriction.

The option to change the calculation method cannot occur within the first year that your existing SEPP is established. You may only make this change once, and it is irrevocable.

Hartford Funds will report these distributions on IRS Form 1099-R to you and the IRS as an early distribution with no known exception. You may claim an exception from penalty withholding under IRC §72(t) by filing IRS Form 5329 with your annual tax returns.

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)

Hartford Funds will waive Contingent Deferred Sales Charges, if applicable, for payments distributed to you based on the elections made on this form. The payment frequency, payee, and mailing instructions will remain the same as your existing SEPP plan unless you provide instructions otherwise. Hartford Funds strongly recommends that you consult with your qualified tax advisor for any tax questions pertaining to distributions taken from your retirement plans.

Section A - Hartford Funds Account Owner Information (all fields required)

Owner's Name	Hartford Funds Account Number	Date of Birth (mm/dd/yyyy)	
Residential Address (required)	City	State	ZIP Code
Owner's Social Security Number or Tax Identification Number	Telephone Number		

Section B - Distribution Election (required)

Hartford Funds recommends that you consult with a qualified tax advisor for assistance with calculating the amount of your distribution.

You understand that if your tax advisor performed these calculations using the "life expectancy" method, the redemption amount must be recalculated each year. You agree to provide recalculated redemption amounts annually, prior to the first scheduled redemption under this plan for each year.

Based on calculations prepared by my tax advisor, please redeem \$_____ (If greater than \$100,000.00, a Medallion Signature Guarantee is required.)

Please check one box: Monthly Quarterly Semi-annually Annually

Please designate the distribution date: _____.

If you elected a payment frequency other than monthly, please check the month(s) for distributions:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

The redemption amount will be distributed proportionately from each investment selection with an active balance each time a payment is processed unless a specific dollar amount or percentage is provided below. The total investment percentage must be equal 100%. If you elect to have the amount taken out of a specific investment selection(s), this will continue until the investment selection is depleted or you submit new distribution instructions. Should the balance in a specified investment selection be inadequate to meet a scheduled payment, the payment will be delayed pending your authorization to change the investment selection from which the redemption should be made. Payments not distributed in a timely manner may be considered an impermissible modification and disqualify distributions from the exception from penalty withholding.

Section B - Distribution Election continued (required)

If you do not want your redemption to be distributed proportionately across all funds in your account, please indicate in the chart below which funds you would like your distributions to be redeemed from:

Fund Name	Fund Class	Dollar Amount	Percentage Amount
	_____	\$ _____	OR _____%
	_____	\$ _____	OR _____%
	_____	\$ _____	OR _____%
	_____	\$ _____	OR _____%

Section C - Income Tax Withholding (Substitute W4-P; OMB No. 1545-0074)

If you have elected to have a systematic withdrawal established you may revoke the withholding election at any time. To revoke or change your systematic withholding election, please contact Hartford Funds in writing or call us at 1-888-843-7824 during business hours disclosed at the top of the form.

Federal Income Tax Withholding

Federal tax law requires us to withhold 10% of the taxable amount of your withdrawal unless you tell us not to. Even if you tell us not to withhold taxes, you may have to pay federal and state income taxes on the taxable portion of your withdrawal. You may also have to pay tax penalties if you estimated tax withholding are not adequate. Your signature on this form acknowledges that you have read this information about income tax withholding and that the social security number or taxpayer identification number that you wrote on this form is correct.

If you are a non-resident alien and you are requesting a reduced tax withholding rate, you must give us your Individual Taxpayer Identification Number (ITIN). You must also send us a completed IRS Form W-8 BEN to certify your foreign status. We will withhold 30% federal income tax from the taxable amount of your withdrawal if you are claiming reduced withholding under a tax treaty and there is no applicable tax treaty, if you have not properly completed and signed Form W-8 BEN, or you do not provide us with an ITIN.

Please check one:

- Do not withhold taxes
- Withhold the following amount \$, . or _____% (percentage)

State Income Tax Withholding

This general information is provided to help you understand state income tax withholding requirements for Individual Retirement Account distributions. While Hartford Funds makes every effort to obtain information about state tax laws from sources believed to be reliable, Hartford Funds cannot guarantee the accuracy or timeliness of state tax withholding information because state tax laws are subject to change and interpretation. 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 advisor regarding your tax withholding elections and to answer any questions that you may have regarding your state's withholding laws.

If you state of residency is:	Your withholding options are:	Election - you are not required to make an election, as there is a stated default for each state. If you choose to do so, only one election is valid.
MI	If you reside in Michigan, state income tax withholding will apply regardless of whether federal income tax is withheld. You may not opt out of MI withholding using this form; withholding will be taken at the default rate unless we are provided a completed Michigan withholding certificate, the MI W-4P, or you have indicated a higher amount.	<input type="checkbox"/> In addition to the state's required income tax withholding, please withhold the additional amount of \$ _____ (in whole dollars).
DC	If you reside in DC lump sum distributions are the only distributions subject to mandatory withholding in DC regardless of whether or not federal tax is withheld. For all other distributions withholding is voluntary, Hartford Funds will withhold state income tax only if you instruct us to do so.	<input type="checkbox"/> In addition to the state's required income tax withholding, please withhold the additional amount of \$ _____ (in whole dollars).
DE, IA*, KS, MA, ME, MS**	If federal income tax is withheld, Hartford Funds is required to withhold state income tax of at least your state's minimum requirements. You may elect to have additional withholding.	<input type="checkbox"/> In addition to the state's required income tax withholding, please withhold the additional amount of \$ _____ (in whole dollars).
	If federal income tax is not withheld, you may elect to have state income tax withheld.	<input type="checkbox"/> I elect to have state income tax withholding in the amount of \$ _____ (in whole dollars).
*IA	* IA - Optional Iowa exemption- A partial exemption is provided to qualified Iowa residents receiving retirement account benefits. To qualify you must be 55 years of age or older, disabled or a surviving spouse or other survivor of an individual who would have qualified for the partial exemption in the tax year. If you are receiving retirement income from more than one source, you are only entitled a maximum exemption of \$6,000/\$12,000, depending on Iowa tax return filing status.	<input type="checkbox"/> I qualify for the partial exemption in the amount of: <ul style="list-style-type: none"> <input type="checkbox"/> \$6,000 in benefits (single) per year <input type="checkbox"/> \$12,000 in benefits (married) per year Note: The amount of your distribution in excess of your elected exemption amount will be subject to state tax at the applicable rate.
**MS	**MS early distributions are the only distributions subject to mandatory withholding in Mississippi. State income tax withholding is not available for all other distributions.	
AR, CA, NC, OR, OK, VT	If federal income tax is withheld, Hartford Funds is required to withhold state income tax of at least your state's minimum requirements unless you specifically elect not to have state income tax withheld.	<input type="checkbox"/> I elect not to have state income tax withheld <input type="checkbox"/> In addition to the state's required income tax withholding, please withhold the addition amount of \$ _____ (in whole dollars).
	If federal income tax is not withheld, you may elect to have state income tax withheld.	<input type="checkbox"/> I elect to have state income tax withholding in the amount of \$ _____ (in whole dollars).
AL, CO, CT, GA, ID, IL, IN, KY, LA, MD, MN, MO, MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV	State income tax withholding is voluntary regardless of whether or not you elect to have federal income tax withheld. Hartford Funds will withhold state income tax only if you instruct us to do so.	<input type="checkbox"/> I elect to have state income tax withholding in the amount of \$ _____ (in whole dollars).
AK, AZ, FL, HI, NH, NV, SD, TN, TX, WA, WY	State income tax withholding is not available. Hartford Funds will not withhold state income tax even if you elect to withhold state income tax.	No election is necessary as state withholding is not available.

Section D - Special Instructions

Complete this section if you need to provide additional information about your request.

Section E - Acknowledgment and Authorization

I, the undersigned, agree to the terms and conditions of this program and fully understand that I am solely responsible for ensuring that distributions from my account comply with applicable federal income tax rules for exception to the 10% penalty tax each year, and that failure to meet these requirements may result in tax penalties. I am authorizing Hartford Funds to follow the instructions as selected above. I understand that neither Hartford Funds, not its agents or employees provide tax or legal advice.

Medallion Signature Guarantee
Stamp Here

Account Owner's/Custodian's/Trustee's/Plan Administrator's Signature

Date Signed (mm/dd/yyyy)

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

Have you...

- provided complete account owner information in Section A including the phone number in case we need to contact you?
- made your life expectancy amount calculation method selection in Section B?
- made your federal tax withholding election in Section C?
- provided special instructions in Section D, if needed?
- provided the proper signature and date in Section E and received a Medallion Signature Guarantee, if applicable?

For standard mail delivery:
Hartford Funds
PO Box 219060
Kansas City, MO 64121-9060

For express mail delivery:
Hartford Funds
430 W 7th Street Suite 219060
Kansas City, MO 64105-1407