

# Return of Excess Contribution for Hartford Funds Accounts (Use Only For Traditional, Roth, and SEP IRA accounts with UMB Bank, n.a. as Custodian)

**HARTFORDFUNDS**

Our benchmark is the investor.\*

Requests may be submitted via fax to Attn: Hartford Funds at 1-888-802-0039.

**Note:** Medallion Signature Guarantees cannot be faxed.**Contact Information:**Online:  
www.hartfordfunds.comTelephone:  
Call 1-888-843-7824Fax: 1-888-802-0039  
Attn: Hartford Funds

(Note: Medallion Signature Guarantee stamp cannot be faxed)

**Section A - Hartford Funds Account Owner Information**

Owner Name	Social Security Number
Account Number	Daytime Telephone Number

**Section B - Excess Contribution Information**

Distribute the following contribution:

Amount of excess contribution: \$ \_\_\_\_\_ Tax year to which excess contribution was applied: \_\_\_\_\_

Excess Contribution Date (if available) \_\_\_\_\_

For excess SEP IRA contributions, specify if it was an Employer or Employee contribution \_\_\_\_\_

**Note:** Please consult with your tax and legal advisors. Hartford Funds cannot provide tax, accounting or legal advice.**Section C - Distribution Election**

Specify percentage of the excess amount to be removed from each fund:

Fund Name/Fund Number	Class	Percentage
		_____ %
		_____ %
		_____ %
		_____ %
Total		<u>100</u> %

**Note:** The amount returned may be more or less than your actual contribution due to market fluctuation.**Section D - Instructions for Amount Removed**

Complete either Option 1 or Option 2.

**Note:** The amount removed may be more or less than your actual contribution due to market fluctuation.**Option 1**☐ Reinvest \$ \_\_\_\_\_ at net asset value in my existing IRA account # \_\_\_\_\_ as a current-year contribution.☐ Reinvest \$ \_\_\_\_\_ at net asset value in my spouse's IRA account # \_\_\_\_\_ for tax year \_\_\_\_\_.**Note:** A Medallion Signature Guarantee is required if reinvesting to your spouse's account.

Fund Name	Class	Percentage
	_____	_____ %
	_____	_____ %
	_____	_____ %
	_____	_____ %
<b>Total</b>		<b>100 %</b>

**Note:** Any excess not eligible for reinvestment into an IRA will be returned to you by check, and mailed to your address of record unless you tell us otherwise.

- ☐ Reinvest at net asset value all amounts removed, or all amounts remaining after my current year contribution, into my non-qualified account # \_\_\_\_\_.

Fund Name	Class	Percentage
	_____	_____ %
	_____	_____ %
	_____	_____ %
	_____	_____ %
<b>Total</b>		<b>100 %</b>

**Note:** If reinvesting into your non-qualified account, review Section E - Cost Basis Information.

## Option 2

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
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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
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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										
Account Number at Financial Institution	Bank Routing Number (must be 9 digits - attach a voided check) <table border="1" style="float: right; text-align: center; width: 100px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
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 VOID \$  Dollars

Any Bank  
Any Town, ST 00000

MEMO \_\_\_\_\_

|:000000000:|
0000000000
XXXX

Bank Routing Number

Account Number

**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 E - Cost Basis Information for Non-Qualified Accounts

The Energy Improvement and Extension Act of 2008 and Internal Revenue Services (IRS) regulations require fund companies that produce 1099-B tax forms to include, among other things, cost basis reporting and holding period information for shares purchased on or after January 1, 2012. If your transaction will open a new fund, and you have not previously informed us of an election method that can be applied to new funds, the default method of Average Cost will be placed on the new fund. To elect a different cost basis method, complete the Cost basis Method Election Form (MF-10087) and submit it with this form.

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.

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

**Note:** These materials are not intended to provide tax, accounting or legal advice. As with all matters of a tax or legal nature, you should consult your own tax or legal counsel for advice. Hartford Funds cannot provide tax, accounting or legal advice. The information in these materials cannot be used or relied upon for the purpose of avoiding IRS penalties.

\_\_\_\_\_  
Account Owner Signature\_\_\_\_\_  
Date signed (mm/dd/yyyy)Medallion Signature Guarantee Stamp  
(required for POA, Guardian or Conservator)\_\_\_\_\_  
Power of Attorney (if applicable)\_\_\_\_\_  
Date signed (mm/dd/yyyy)Medallion Signature Guarantee Stamp  
(required for POA, Guardian or Conservator)**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...**

- completed the account owner information in Section A?
- completed the excess contribution information in Section B?
- completed Section C to provide us with your distribution election?
- completed Section D to provide us with your excess contribution removal instructions?
- completed Section E to provide us with cost basis instructions, if applicable?
- 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