

# Coverdell Education Savings Account (ESA) Death Claim Form for Hartford Funds Accounts

**HARTFORDFUNDS**

Our benchmark is the investor.\*

Use this form for Coverdell Education Savings Accounts where UMB Bank, n.a. is Custodian. This form is used for two purposes:

1. To establish a Death Beneficiary Coverdell ESA following the death of the initial Student, or
2. To appoint a new Responsible Individual upon the death of the previous Responsible Individual.

You should consult with a professional tax advisor regarding any questions concerning this Coverdell ESA.

**Contact Information:**

**Online:** hartfordfunds.com

**Telephone:** 1-888-843-7824

**Fax:** 1-888-802-0039

**Attn:** Hartford Funds

(Note: Medallion Signature Guarantee stamp cannot be faxed)

**Death Beneficiary Claiming Account**

The Student is referred to as the "designated beneficiary" in the Custodial Agreement. As of the Student's date of death, the Death Beneficiary must be:

1. Under the age of 30 (unless an individual with special needs) and
2. A member of the original Student's family (subject to the limitations in the Internal Revenue Code).

If the Death Beneficiary is the Student's estate, the Tax Identification Number (TIN) of the estate is required in section B.

Please complete all applicable sections for the request to be processed. Incomplete information provided on this form may delay death benefit processing. Each Death Beneficiary of the Coverdell ESA must complete his/her own Coverdell ESA Death Claim Form.

**New Responsible Individual**

If the initial Responsible Individual dies or becomes incapacitated while the Student is a minor under applicable state law, the successor Responsible Individual will be the individual previously designated as successor Responsible Individual, or if none, the other parent of the Student shall be the Responsible Individual. If there is no other parent (or such parent is incapacitated), the new Responsible Individual will be the Student's successor guardian as appointed under state law.

If the Responsible Individual dies or becomes incapacitated after the Student reaches the age of majority under applicable state law, the Student will be the successor Responsible Individual.

**Please note:** To change the Responsible Individual, you must complete sections A, B and E.

**Section A - Deceased Student or Responsible Individual**

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

**Section B - Death Beneficiary or Successor Responsible Individual Information**

If the Death Beneficiary is the estate of the deceased Student, the deceased Student's Social Security Number (SSN) cannot be used in this section. Each Death Beneficiary of the Coverdell ESA must complete his/her own Death Claim Form for Coverdell Education Savings Accounts.

**Please Note:** As of the deceased Student's date of death, the Death Beneficiary must be (i) under the age of 30 (unless an individual with special needs) and (ii) a member of the deceased Student's family. See the Disclosure Statement for a description of the Student's family members who can be Death Beneficiaries.

Name (first, middle, and last)	Social Security Number/Tax Identification Number (TIN)		Date of Birth (mm/dd/yyyy)
Citizenship Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien (complete IRS Form W-8BEN)	Relationship to Deceased Student	Daytime Phone Number	
Residential Address	City	State	ZIP Code
Mailing Address (if different than above)	City	State	ZIP Code

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## Section C - Death Beneficiary Options - complete as applicable

**Please Note:** Your property may be transferred to the appropriate state if no activity occurs in the account within the time frame specified by state law.

1.  **Rollover As Own Coverdell ESA** - A Death Beneficiary may choose to roll the original Student's Coverdell ESA into a Coverdell ESA of their own either invested in Hartford Funds, with UMB Bank, n.a. as Custodian or with another company. If transferring to another company, a Letter of Acceptance is required.
2.  **Distribution** - A Death Beneficiary may choose to withdraw some or all of the current account value. If the distribution exceeds the Death Beneficiary's "qualified elementary and secondary expenses" or "qualified higher education expenses" for the year, the portion of the excess distribution representing earnings may be taxable to the Death Beneficiary. The amount may be subject to a 10% penalty tax, unless an exception applies. **The partial distribution will be taken out pro-rata based on the current market value of the funds in your fund.**

Amount of Distribution:

Full Account

\$ \_\_\_\_\_

## Section D - Payment Instructions

This section is required if option 2 was selected in section C.  
Please choose one of the following:

Mail Check to:

Mailing Address	City	State	ZIP Code
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**Note:** If no address is provided, we will mail the check to the mailing address in Section B.

Deposit into bank account by 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		Telephone Number	
Address	City	State	Zip Code
Checking Account Number at Financial Institution	Bank Routing Number (must be 9 digits - attach a voided check)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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)			

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

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

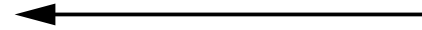
Any Bank  
 Any Town, ST 00000

MEMO \_\_\_\_\_

|:000000000:| 0000000000 XXXX

↓                      ↓  
 Bank Routing Number    Account Number

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



- No 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 - Authorization/Acknowledgment and Taxpayer Identification Number Certification

**Please Note:** We must have your signature to process the request and to verify your Social Security Number.

**Death Beneficiary Authorizations/Acknowledgments:** By signing this form, I acknowledge that I am aware of and understand all of the benefit options available to me. I have read the information on this form and have completed the appropriate sections to the best of my knowledge. I affirm that the information given is true and correct, and 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 take actions as described above.

**Escheatment:** Your property may be transferred to the appropriate state if no activity occurs in the account within the time frame specified by state law.

I understand that it is my responsibility to seek appropriate tax advice regarding my rights and obligations as Death Beneficiary of this Coverdell Education Savings Account. I further understand that I am responsible for the payment of any taxes associated with this Coverdell Education Savings Account.

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

\_\_\_\_\_  
 Responsible Individual Signature

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

\_\_\_\_\_  
 Death Beneficiary Signature (if applicable)

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

Medallion Signature Guarantee Stamp Here

### 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

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## Section F - Successor Primary and Contingent Death Beneficiary Designation

Use this section to name successor Death Beneficiaries to this Coverdell ESA, if the Death Beneficiary listed in Section B above dies before receiving payment of the entire account balance.

See the Custodial Agreement for important information about designating a death beneficiary.

All fields are required and if designating more than one primary or contingent death beneficiary, the percentages for both must equal 100%; otherwise, they will be assigned equal percentages. If the primary or contingent death beneficiary box is not selected, the beneficiary listed will be considered a primary death beneficiary. If you require more space, please attach a separate page.

First Name, Middle Initial, Last Name	Date of Birth (mm/dd/yyyy)	Last Four Digits of Social Security Number	Primary or Contingent Death Beneficiary	Relationship to Student	% of Benefit
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		_____ %
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		_____ %
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		_____ %
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		_____ %

### Have you...

- enclosed a Tax Waiver form if the deceased Student's state of residency is in a tax waiver state?  
**Note:** Tax waivers can be obtained through a local county courthouse or by contacting the state's Department of Revenue. Please speak to your tax advisor regarding any questions concerning distributions from this Coverdell ESA.
- completed Section A informing us of the deceased Student or initial Responsible Individual?
- completed all of Section B, including your telephone number in case we need additional information?  
**Note:** If the Death Beneficiary is an estate, the deceased Student Social Security Number (SSN) cannot be used in Section B. The Tax Identification Number (TIN) of the estate is required.
- completed Section C by selecting a method of distribution, if applicable?
- completed Section D instructing us how to send the money, if taking a distribution?
- completed Section E by signing the form with a medallion signature guarantee? The Responsible Individual must sign this form in all cases. If a Death Beneficiary is claiming the Coverdell ESA, the Death Beneficiary must also sign this form.
- if you are a non-resident alien, enclosed a IRS Form W-8BEN form and individual taxpayer identification number?

**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

**Customer Privacy Notice**  
**The Hartford Financial Services Group, Inc. and Affiliates\***  
(herein called "we, our, and us")

*This Privacy Policy applies to our United States Operations*

We value your trust. We are committed to the responsible:

- a) management;
  - b) use; and
  - c) protection;
- of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
  - b) your address;
  - c) your income;
  - d) your payment; or
  - e) your credit history;
- may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

- a) our insurance companies;
- b) our employee agents;
- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
  - b) market our services;
- to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

- a) independent agents;
  - b) brokerage firms;
  - c) insurance companies;
  - d) administrators; and
  - e) service providers;
- who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We, and third parties we partner with, may track some of the pages **You** visit through the use of:

- a) cookies;
  - b) pixel tagging; or
  - c) other technologies;
- and currently do not process or comply with any web browser's "do not track" signal or other similar mechanism that indicates a request to disable online tracking of individual users who visit our websites or use our services.

For more information, our Online Privacy Policy, which governs information we collect on our website and our affiliate websites, is available at <https://www.thehartford.com/online-privacy-policy>.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) "opt-out;" or
  - b) "opt-in;"
- as required by law.

We only disclose **Personal Health Information** with:

- a) your authorization; or
- b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:

- a) underwriting policies;
- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
  - b) the integrity of;
- Personal Information** that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;

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- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data; and
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our privacy policies and procedures may be subject to discipline, which may include termination of their employment with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

As used in this Privacy Notice:

**Application** means your request for our product or service.

**Personal Financial Information** means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

**Personal Financial Information** may include Social Security Numbers, Driver's license numbers, or other government-issued identification numbers, or credit, debit card, or bank account numbers.

**Personal Health Information** means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

**Personal Information** means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

**Transaction** means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

**You** means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
  - b) applying for; or
  - c) obtaining;
- a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

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If you have any questions or comments about this privacy notice, please feel free to contact us at The Hartford – Consumer Rights and Compliance Unit, One Hartford Plaza, Mail Drop: T 04.180, Hartford, CT 06155, or at [ConsumerPrivacyInquiriesMailbox@thehartford.com](mailto:ConsumerPrivacyInquiriesMailbox@thehartford.com).

This Customer Privacy Notice is being provided on behalf of The Hartford Financial Services Group, Inc. and its affiliates (including the as of February 2021), to the extent required by the Gramm-Leach-Bliley Act and implementing regulations:

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