

# Hartford Funds Coverdell Education Savings Account Return of Excess Contribution Form

(Use Only For Coverdell ESA Plans 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. For additional information, refer to page 4.

**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 - Account Information**

Student's Name	Account Number
Student's Social Security Number	Student's Date of Birth
Responsible Individual's Name	Responsible Individual's Social Security Number
Responsible Individual's Date of Birth	Responsible Individual's Phone Number

**Section B - Excess Contribution Information**

**Note:** In general, the aggregate maximum annual contribution limit on behalf of a Student is \$2,000, permissible until the Student turns age 18 (exceptions may apply for Students with special needs). Other contribution limit exceptions may apply, such as for certain high-income contributors, so please consult with your tax advisor. Amounts in excess of the amount allowed by law (even if deposited in different Coverdell Education Savings Accounts) are considered "excess contributions." Excess contributions (and the earnings on such excess contributions) are subject to an excise tax of 6%. To avoid the excise tax, the excess contributions (and the earnings on such excess contributions) must be withdrawn from the account by the May 31st of the year following the year to which the contribution relates. Generally, excess contributions (and earnings) withdrawn by the May 31st of the following year are not subject to the 10% penalty tax on non-qualified distributions and only the earnings will be taxable to the Student. You are responsible for determining the earnings on any excess contributions. (Non-qualified distributions are generally taxable distributions in excess of qualified education expenses. Non-qualified distributions may be subject to a 10% penalty tax). Please see IRS Publication 970 and Instructions to IRS Form 5329 for additional detail.

Distribute the following contribution:

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

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

**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.

**Section C - Distribution Election**

Account Number(s): \_\_\_\_\_

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

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

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

Check one of the following options. Unless indicated otherwise, all amounts removed will be returned to to you in accordance with the delivery option selected in Section E.

- ☐ Reinvest \$ \_\_\_\_\_ at net asset value in my existing Coverdell ESA account # \_\_\_\_\_ as a current-year contribution
- ☐ Reinvest \$ \_\_\_\_\_ at net asset value in Coverdell ESA account # \_\_\_\_\_ for tax-year \_\_\_\_\_.

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

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

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

- ☐ Mail a check to my address of record or Electronic Funds Transfer. (Complete Section E)

**Section E - Delivery Options** (Complete this section only if taking receipt of funds)

Please select one of the following options:

1. ☐ Send a check made payable to the Responsible Individual at the current address of record (Default)
- ☐ Send a check to an alternate address: (Medallion Signature Guarantee required in Section F)

**Note:** Paying amounts to someone other than the Responsible Individual or the Student does not change the taxation implications of an excess contribution. Hartford Funds recommends that you consult with a professional tax advisor regarding any questions concerning distributions from this Coverdell Education Savings Account.

Name of Payee	Account or Student Number (if applicable)	FBO (if applicable)		
Mailing Address	City	State	ZIP Code	

Is this a Permanent Change of Address? ☐ Yes

2. ☐ Deposit to current bank account of record via ACH for: ☐ Responsible Individual ☐ Student (Medallion Signature Guarantee required)

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)
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
<b>VOID</b>		
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.

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

We will rely upon instructions provided by you in Section B of this form to authorize the removal of excess contributions.

By signing below: I understand and agree that unless I indicate otherwise in Section D of this form, all amounts removed will be returned to me in accordance with the delivery option I have selected in Section E of this form. Please redeem the above requested amounts as directed. I agree with the requirements set forth on this form.

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

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

Medallion Signature Guarantee  
Stamp Here

\_\_\_\_\_  
Power of Attorney Signature

\_\_\_\_\_  
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

**Have you...**

- completed Section A and provided Responsible Individual and Student information?
- 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 delivery instructions and included a voided check for ACH, 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,  
please mail this form to:**

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

**For private express mail,  
please mail this form to:**

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