

# Hartford Funds Inherited IRA Distribution Form - Spouse

**HARTFORDFUNDS**

Our benchmark is the investor.®

## 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.

In some cases it may be necessary for you to provide documentary evidence, such as an image of your driver's license or passport, to satisfy the identity verification requirement.

## Purpose

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

## Instructions

This form requires a notary seal for all requests and a Medallion Signature Guarantee if proceeds are distributed to a bank.

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

Spousal beneficiary minimum distribution requirements are included at the end of this form, however, you should consult with a tax professional regarding any questions concerning distributions from your inherited 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 professional to understand the restrictions that apply to such accounts.

A distribution of the IRA 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 you; 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 your 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

|                           |                            |                            |
|---------------------------|----------------------------|----------------------------|
| Deceased IRA Owner's Name | Date of Birth (mm/dd/yyyy) | Date of Death (mm/dd/yyyy) |
| Social Security Number    | Account Number(s)          |                            |

## Section B - Your Information as the Spousal Beneficiary

|   |                            |                        |          |
|---|----------------------------|------------------------|----------|
| First Name, Middle Initial, Last Name                 | Date of Birth (mm/dd/yyyy) | Social Security Number |          |
| Permanent Address (P.O. Boxes not allowed)            | City                       | State                  | ZIP Code |
| Mailing Address (if different than permanent address) | City                       | State                  | ZIP Code |
| Telephone Number                                      | Email Address              |                        |          |

If you, as the spousal beneficiary, have an acting Power of Attorney ("POA"), the personal information of the person acting on your behalf must meet the requirements listed under the USA PATRIOT Act. If you are opening an account with a POA, you will need to complete the: Hartford Funds Power of Attorney Form, (MF-10102).

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

**Section C - Beneficiary Options**

**Note:** Please read the section at the end of this form entitled "Spousal Beneficiary Minimum Distribution Requirements" prior to choosing your option.

**Note:** If you choose to transfer the assets into an inherited 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 you in the year of the distribution. (Proceed to section I)
- Transfer assets into a new IRA in my name, I have attached a Hartford Funds IRA Adoption Agreement (MF-10023).
- Transfer the assets into my existing Hartford Funds IRA/retirement account. Please consult a tax professional regarding IRS retirement account transfer rules.\*: \_\_\_\_\_
- Transfer the assets into an inherited IRA\*

\* Once the assets have been transferred into your existing Hartford Funds IRA or the inherited IRA has been established, you may provide alternative investment instructions.

**Section D - Beneficiary Relationship Designation**

Please select one beneficiary type below.

- Select this option if you are the spouse of the IRA owner, are the sole beneficiary, and you are electing to treat the IRA as your own.
- Select this option if you are the spouse of the IRA owner, are the sole beneficiary, and you are electing **not** to treat as your own IRA (Account is being transferred into an inherited IRA).  
*First Generation Eligible Designated Sole Spouse Beneficiary (1st Gen EDB-Sole Spouse)*
- Select this option if you are the spouse of the IRA owner, are **not** the sole beneficiary, and you are electing to transfer the account into an inherited IRA in your name.

**Section E - Complete if the Decedent had reached Required Minimum Distribution age**

Under IRS regulations, if the decedent was over age 72 (age 70½ if the decedent reached age 70½ before January 1, 2020), 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 a distribution of the entire account, the RMD will be distributed to you prior to transferring the account to an inherited 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 or into an inherited IRA, you may be required to establish RMD payments. Please consult with your financial professional.

- Partial Distribution of \$ \_\_\_\_\_ or \_\_\_\_\_%
- Set up periodic distributions:
  - RMD; minimum based on my life expectancy, or if applicable, the decedent's life expectancy.
  - Fixed amount of \$ \_\_\_\_\_ each period.
  - Distributions over \_\_\_\_\_ years to deplete the account (not to exceed life expectancy). Consult a tax professional 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 for Inherited IRA Option**

If you are transferring the assets into an IRA in your name (not an inherited IRA), 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 inherited IRA account who will receive remaining amounts if you die 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 inherited IRA account.

**Note:** Special RMD rules apply to your beneficiary(ies). These rules are not described in this form. Consult a tax professional 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 professional.

**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 Beneficiary(ies)**

| 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<br><input type="checkbox"/> Other | _____%       |
|   |   |   | <input type="checkbox"/> Spouse <input type="checkbox"/> Trust<br><input type="checkbox"/> Other | _____%       |
|   |   |   | <input type="checkbox"/> Spouse <input type="checkbox"/> Trust<br><input type="checkbox"/> Other | _____%       |
|   |   |   | <input type="checkbox"/> Spouse <input type="checkbox"/> Trust<br><input type="checkbox"/> Other | _____%       |

**Contingent Beneficiary(ies) (optional)**

| 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<br><input type="checkbox"/> Other | _____%       |
|   |   |   | <input type="checkbox"/> Spouse <input type="checkbox"/> Trust<br><input type="checkbox"/> Other | _____%       |
|   |   |   | <input type="checkbox"/> Spouse <input type="checkbox"/> Trust<br><input type="checkbox"/> Other | _____%       |
|   |   |   | <input type="checkbox"/> Spouse <input type="checkbox"/> Trust<br><input type="checkbox"/> Other | _____%       |

**Spousal Consent of Beneficiary Designation**

If you are married to the inherited IRA account owner and he or she has designated a beneficiary(ies) other than you, please consult your financial professional about the state law and tax law implications of this beneficiary designation, including the need for your consent. By signing below you indicate that you are the spouse of the individual named in Section B and that you consent to the designated beneficiary(ies). HASCO and its affiliates, including Hartford Funds, is not responsible for determining whether an IRA account owner is married and is a resident of a jurisdiction in which community property rules apply.

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

\_\_\_\_\_  
Spouse's Signature

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

**Section I - Payment Instructions**

- Mail check to address listed in section B
- Deposit into bank account by Automated Clearing House ("ACH") Network.

**Important:** By signing this paperwork, you agree and confirm that your use of the 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.

**All owners of the bank account must sign this form.**

Bank account type:  Checking account (attach voided check)  
 Savings account (attach deposit slip)

|   |  |                      |                      |                      |                      |                      |                      |                      |                      |
|---|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Bank or Credit Union Account Number                     | Bank or Credit Union ABA Routing Number (must be 9 digits) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bank or Credit Union Account Owner's Name (print)       | Bank or Credit Union Account Owner's Signature             |                      |                      |                      | Date (mm/dd/yyyy)    |                      |                      |                      |                      |
| Bank or Credit Union Account Joint Owner's Name (print) | Bank or Credit Union Account Joint Owner's Signature       |                      |                      |                      | Date (mm/dd/yyyy)    |                      |                      |                      |                      |

**Note: A Medallion Signature Guarantee is required for a distribution by ACH to the bank account listed above.**

Medallion Signature Guarantee Stamp Here

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 and mail to Hartford Funds. Please use tape instead of staples.**



- No faxed copies allowed.
- No Starter Checks.
- 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 professional 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** (your financial professional can provide this 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         |       |          |

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 and this is why we encourage you to consult with your personal financial professional.

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

I have full authority and am of legal age.

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 HASCO, 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 inherited 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 Inherited 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 ("HMFC"), 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 professional 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)

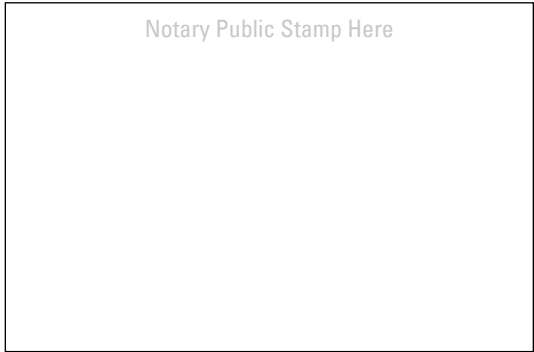
STATE OF \_\_\_\_\_)

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: \_\_\_\_\_



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**Mail this completed form to the appropriate address below.**

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**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 professional or call Hartford Funds at (888) 843-7824.

Following a significant business disruption, Hartford Funds will execute its **Business Continuity Plan** with the goal of recovering and resuming operations as quickly as possible given the scope and severity of the disruption. For further information regarding our Business Continuity Plan, please visit the Business Continuity section of our website at [www.hartfordfunds.com](http://www.hartfordfunds.com) or contact Hartford Funds at the above number.

**Spousal Beneficiary Minimum Distribution Requirements**

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

- A.** If the IRA owner died before his or her required beginning date (generally April 1 following the year the owner attained age 72, or age 70½, if the decedent reached age 70½ before January 1, 2020):
1. The surviving spouse beneficiary may roll over or transfer all or part of the IRA 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 delay any distribution until the owner would have attained age 72 (age 70½ if the decedent reached age 70½ before January 1, 2020), then take the distribution over the single life expectancy of the spouse beneficiary (recalculated).
  4. If the IRA owner died after December 31, 2019, the 10-year rule requires the IRA beneficiaries who are not taking life expectancy payments to withdraw the entire balance of the IRA by December 31 of the year containing the 10th anniversary of the owner's death.
- B.** If the IRA owner died on or after his or her required beginning date (generally April 1 following the year the owner attained age 72, or age 70½, if the decedent reached age 70½ before January 1, 2020):
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 his or her personal tax professional for further guidance.*