

The Hartford Mutual Funds IRA Distribution Request Form (Use Only For IRA Plans with US Bank NA as Custodian)	For Standard Mail Delivery: The Hartford Mutual Funds PO Box 64387 St. Paul, MN 55164-0387	For Private Express Mail Carriers: The Hartford Mutual Funds 500 Bielenberg Drive Woodbury, MN 55125	 THE HARTFORD
	Forms are available online at: www.hartfordinvestor.com		
	Telephone Number: 1-888-843-7824 Service Representatives are available Monday - Thursday 7:00 a.m. - 6:00 p.m. Central time and Friday 8:15 a.m. - 5:00 p.m. Central time. Fax Number: 1-888-802-0039 Attn: The Hartford Mutual Funds (Medallion Signature Guarantees can not be faxed)		

Please read this introductory section carefully before completing this form.

- **Rollover Option** - You may withdraw any or all of the assets from an IRA and reinvest some or all of the proceeds, in the same IRA, tax-free within 60 days. Please refer to the IRA disclosure statement and/or consult with a tax advisor for complete details on the IRS rollover guidelines. If you are eligible for a rollover, the proceeds can be reinstated without a sales charge, as long as the transfer agent is notified before you invest and the purchase does not exceed contribution limits. All accounts involved must have the same registration.
- **Reinstatement Privilege** - When shares of a fund are sold, some or all of the proceeds can be reinvested in the same fund, or any other Hartford Mutual Fund, within 90 days without a sales charge, as long as we are notified at the time of the reinvestment. If class A or C shares were sold, the shareholder must reinvest in shares of the same class. If a CDSC was paid when the class A or C shares were sold, the account will be credited with the amount of the CDSC. If class B shares were sold, the shareholder must reinvest in class A shares and any CDSC paid on the sale of the class B shares will not be credited to the account. All accounts involved must have the same registration.

Please refer to the fund prospectus for complete details of the reinstatement privilege.

Section A – Mutual Fund Account Owner Information (all fields required)

Owner Name:	Account Number:	Date of Birth:
Residential Address (required):		
City:	State:	Zip:
Owner SSN or TIN:	Telephone Number:	

Section B – Distribution Election (One election type is required per form)

1. **Full Redemption** - All funds within the account number listed above will be redeemed.

2. **Partial Redemption (Section C is required)** **Redemption Amount:** \$ _____

Note: Redemptions from class B and C shares may be subject to a Contingent Deferred Sales Charge (CDSC). In order to provide a check for your requested amount; it may be necessary to redeem an additional amount for any applicable CDSC.

3. **Systematic Withdrawal (Section C is required)** - Periodic withdrawals of \$50 or more are available only for accounts with balances of \$5,000 or more. You may request a specific dollar amount or annualized percentage of the market value of your account to be withdrawn on any day of the month between the 1st and 28th.

Frequency (required): **Monthly** **Quarterly** **Semi-Annually** **Annually**

Please begin my systematic withdrawal on _____ / _____ / _____

If no date is chosen, the program will run on the 10th of the month based on payment frequency.

I would like my distributions to represent an annualized percentage of the account(s) listed. Specify percent: _____%

I wish to receive a total of \$ _____ each payout, distributed from the funds as specified in the Fund Election.

Section C – Fund Election

For a **partial redemption or systematic withdrawal**, please indicate the fund(s) being redeemed and the amount(s) to redeem from each fund:

Fund Name: _____, Class _____, \$ _____, number of shares _____, or _____%

Fund Name: _____, Class _____, \$ _____, number of shares _____, or _____%

Fund Name: _____, Class _____, \$ _____, number of shares _____, or _____%

Fund Name: _____, Class _____, \$ _____, number of shares _____, or _____%

Section D – Reason for Redemption (Required)

Normal Distribution (age 59½ or older) Premature Distribution (under age 59½)

Total and Permanent Disability Death Coverdell ESA

Note: In an effort to properly code the 1099 tax form for tax reporting, a reason for the redemption **must** be provided. If a reason is not indicated, the distribution will be coded based on your age. The Hartford recommends you consult with a tax advisor for any questions about distributions from your retirement plans.

Section E – Mailing Instructions (Required)

Please select one of the following three options:

1. **Forward check to my current address of record**

Overnight delivery is available on one-time, full or partial redemptions; it is NOT available on a systematic redemption.

Optional: Mail Overnight (\$10.00 Fee) - Signature **Not** Required for Delivery

Mail Overnight (\$10.00 Fee) - Signature Required for Delivery

2. **Forward check to the following address** (If neither box is checked, address will not be changed):

Permanent Address Change Temporary Address Change (default)

_____ Mailing Address _____ City _____ State _____ Zip

Note: If other than address of record, a signature guarantee medallion stamp is required in Section G.

3. **Deposit into bank account via EFT**

If banking instructions are not already on your account, you must provide bank instructions, along with a voided check if deposits are to be made to a checking account; or a bank verification letter, if deposits are to be made to a savings account.

<input type="checkbox"/> I confirm that my use of the Automated Clearing House (“ACH”) Network will not result in transfers to or from a financial institution outside of the United States. I also understand it is my responsibility to notify The Hartford if any changes to my status occur that may require funds to be sent to or from a financial institution outside of the United States. Your use of the ACH Network is dependent upon the completion of this certification.

Deposit to current bank account of record

Deposit to the bank account below (all fields below are required)

Financial Institution Information (Bank, Savings & Loan, or Credit Union)

Name of Financial Institution:	
Address:	City: State: Zip Code:
Transit Routing Number (may be obtained from your bank)	Account Number
Account Type (please select one)	<input type="checkbox"/> Checking (Attach a voided check to the top of page 3) <input type="checkbox"/> Savings (Attach a verification letter which may be obtained from your bank)
Bank Account Owner(s):	

Please Tape A Copy Of Your Voided Check Here

- Minimum EFT is \$50 per fund.
- Maximum EFT is \$50,000 per fund.
- EFT will arrive in 2 - 3 business days.
- There is no fee for this option.

Note: If the registration on the bank account is different than the registration on the Hartford mutual fund account, we require a medallion signature guarantee on the form in section G.

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

Gross or Net

If **Coverdell ESA** was selected in **Section C**, as the reason for redemption, the redemption is not eligible for income tax withholding.

For partial and systematic redemptions, please indicate whether you want your distribution gross or net of withholding. We will default to gross unless you tell us otherwise.

Gross – Redeem the amount indicated in Section B, reducing the proceeds by the amount of withholding.

Net - Send me the amount indicated in Section B and redeem an additional amount for withholding.

If you elected to establish a systematic withdrawal, the federal and state withholding elections may be revoked at any time by contacting The Hartford Mutual Funds in writing or calling 1-888-843-7824, during the 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 your estimated tax withholdings are not adequate. Your signature on this form acknowledges that you have read this information about income tax withholding and that the social security 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 \$ _____ (Dollar Amount) or _____%

Continued on next page

State Income Tax Withholding

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

If your 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.
DE, IA, KS, MA, ME, MS**, OK	If federal income tax is withheld, The Hartford is required to withhold state income tax of at least your state's minimum requirements. You <u>may</u> 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)
	<p>* 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.</p>	<p><input type="checkbox"/> I qualify for the partial exemption in the amount of <input type="checkbox"/> \$6,000 in benefits (single) per year <input type="checkbox"/> \$12,000 in benefits (married) per year</p> <p>Note: The amount of your distribution in excess of your elected exemption amount will be subject to state tax at the applicable rate.</p>
	**MS early distributions are the only distributions subject to mandatory withholding in Mississippi.	
AR, CA, NC, OR, VT	If federal income tax is withheld, The Hartford 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 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)
AL, CO, CT, DC, GA, ID, IL, IN, KY, LA, MD, MI, 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. The Hartford 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. The Hartford will not withhold state income tax even if you elect to withhold state income tax.	No election is applicable as state income tax withholding is not available.

Section G – Authorization / Acknowledgement

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

X

Account Owner Signature

Date Signed

MEDALLION STAMP HERE

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 \$50,000 worth of shares
- You are requesting payment be delivered to an address other than the address of record.
- You are requesting payment to be sent by wire or EFT to a bank registration that does not match the account registration.
- You are requesting payment be payable to a party other than the registered owner(s)

A Medallion Signature Guarantee Stamp may be executed by any “eligible” guarantor found at:

- commercial banks
- trust companies
- savings associations and credit unions, as defined by the Federal Deposit Insurance Act
- registered broker/dealers

The guarantee must state the words “Medallion Signature Guarantee Stamp” along with the name of the granting institution and the guarantor who witnessed the signature. Please verify, before the letter is signed, that the institution and person witnessing the signature are, in fact, eligible to guarantee the signature. Also please note that a Notary Public is not necessarily an eligible guarantor.