

# Executor's Statement of Alternate Value for Non-qualified Hartford Funds Accounts

**HARTFORDFUNDS**

Our benchmark is the investor.®

Use this form to provide an Alternate Cost Basis Value for the proceeds from a decedent account. Please complete this form prior to, or in conjunction with, any claim requests.

**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 - Deceased account owner information**  
(you must complete this section)

Owner name	Social Security or Tax Identification Number
Account number	Date of death

**Section B - Executor information**

If more than one executor is named, attach separate piece of paper with this information for each named executor.

Name of executor, administrator, or personal representative	Daytime telephone number		
Mailing address	City	State	Zip code

**Section C - New account owner information**

If there is more than one new owner, attach separate piece of paper with this information for each new owner.

Owner name	Social Security or Tax Identification Number
Account number	Date of death

**Section D - New adjustment basis value**

List an alternate cost basis value for each class of shares within each fund. Please attach a separate piece of paper for additional funds.

Fund Name & Class or Fund Number	Alternate Cost Basis Value

**Section E - Verification documents**

- A certified copy of the death certificate must be sent with this form.  
*Note: If you fax the death certificate, the original must be sent along with the death claim forms.*
- Letter of testamentary naming you as the executor, administrator, or personal representative of the estate.

**Section F - Authorization/Acknowledgment** (all named executors name must sign)

Pursuant to Treasury Regulation 1.6045A-1, I, the executor of the above estate, certify to Hartford Administrative Services Company ("Hartford") that the basis in the shares described above is accurate and by signing below, I hereby instruct Hartford to use the new adjusted basis value for tax reporting purposes.

Executor Signature	Date
Executor Signature (if applicable)	Date

**Have you...**

- completed Section A and provided us with complete Deceased Account Owner information?
- completed Section B and provided us with complete Executor Owner(s) information?
- completed Section C and provided us with complete New Account Owner(s) information?
- provided us with your new adjustment basis value in Section D?
- included all the verification documents required?
- completed Section F by providing us with all appropriate signatures?

**For standard mail delivery:**

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

**For private express mail:**

Hartford Funds  
430 W 7th Street Suite 219060  
Kansas City, MO 64105-1407