

Hartford Funds SIMPLE IRA Plan

Employee Salary Reduction

HARTFORDFUNDS

Our benchmark is the investor.®

Section A - Salary Reduction Election

Subject to the requirements of the SIMPLE IRA plan of _____ (name of employer), I authorize _____ % or \$ _____ (which equals _____ % of my current rate of pay) to be withheld from my pay for each pay period and contributed to my Hartford Funds SIMPLE IRA as a salary reduction contribution.

I understand that the total amount of my salary reduction contributions in any calendar year cannot exceed the salary reduction contribution limits as prescribed by the Internal Revenue Service (IRS). (The IRS announces cost-of-living adjustments applicable to dollar limitations for pension plans annually.)

Section B - Date Salary Reduction Begins

I understand that my salary reduction contributions will start as soon as permitted under the SIMPLE IRA plan and as soon as administratively feasible or, if later, _____. (Fill in the date you want the salary reduction contributions to begin. The date must be after you sign this agreement).

Section C - Employee Selection of Financial Institution

I select the following financial institution to serve as the trustee, custodian, or issuer of my SIMPLE IRA.

Name of Financial Institution **UMB Bank, n.a. as Custodian**

Address of Financial Institution **P.O. Box 219060, Kansas City, MO 64121-9060**

SIMPLE IRA Account Name and Number _____

I understand that I must establish a SIMPLE IRA to receive any contributions made on my behalf under this SIMPLE IRA plan. If the information regarding my SIMPLE IRA is incomplete when I first submit my salary reduction agreement, I realize that it must be completed by the date contributions must be made under the SIMPLE IRA plan. If I fail to update my agreement to provide this information by that date, I understand that my employer may select a financial institution for my SIMPLE IRA.

Section D - Duration of Election

This salary reduction agreement replaces any earlier agreement and will remain in effect as long as I remain an eligible employee under the SIMPLE IRA plan or until I provide my employer with a request to end my salary reduction contributions or provide a new salary reduction agreement as permitted under this SIMPLE IRA plan.

Employee's Signature

Date Signed (mm/dd/yyyy)

Note: The preceding information is a customized version of page 3, IRS Form 5304-SIMPLE, model salary reduction agreement.