Hartford Funds SIMPLE IRA Plan Employer Notification To Eligible Employees

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Section A - Opportunity to Participate In The SIMPLE IRA Plan

You are eligible to make salary reduction contributions to the _____ SIMPLE IRA Plan.

(Name of Business)

This notice and the attached Summary Plan Description provide you with information you should consider before deciding whether to start, continue, or change your salary reduction agreement.

Section B - Employer Contribution Election

For the _____ calendar year, your employer elects to contribute to your SIMPLE IRA
(Employer must select either 1, 2, or 3 below):

1. ☐ A matching contribution equal to your salary reduction contributions up to a limit of 3% of your compensation for the year.

2. ☐ A matching contribution equal to your salary reduction contributions up to a limit of _____ % (employer must insert a number from 1 to 3 and is subject to certain restrictions) of your compensation for the year; or

3. ☐ A non-elective contribution equal to 2% of compensation for an employee who makes at least $ _____ (not more than $5,000) in compensation for the calendar year. No more than $345,000* in compensation can be taken into account in determining the non-elective contribution for each eligible employee.

Section C - Administration Procedures

If you decide to start or change your salary reduction agreement, you must complete the salary reduction agreement and return it to:

_____

(Name of individual and/or location designated by employer)

by: _____

(employer should provide a date that is not less than 60 days after notice is given)

Section D - Employer's Signature

_____   _____

Employer's Signature   Date Signed (mm/dd/yyyy)

* This amount will be adjusted to reflect any annual cost-of-living increases announced by the IRS.

Note: The preceding information is a customized version of page 3, IRS Form 5304-SIMPLE, model notification to eligible employee.