Hartford Funds SIMPLE IRA Investment Transmittal Form

HARTFORDFUNDS
Our benchmark is the investor.®

Purpose

This form is designed to make communicating investment needs for each payroll submission easier and to help organize investment allocations of employee salary reduction contributions.

Use your employee's IRA Application to complete the Investment Transmittal Form, converting the percentages from each employee's allocation to the dollar amount. All participants should be listed on the Investment Transmittal Form. Use Hartford Funds Fund numbers and list only one fund per line when completing the Investment Transmittal Form. Photocopy this form as needed to add additional participants.

Section A - Employer Information

Name of Employer			
Mailing Address	City	State	ZIP Code
Name of Plan Contact Person	Telephone Number of Plan Contact Person		

Section B - Broker/Dealer Information (your financial professional can provide this information)

Registered Representative's Name	Dealer Firm		
Branch Street Address	City	State	ZIP Code
Telephone Number			

Total Check Amount
Please complete this form and attach a check payable to Hartford Funds for the total amount indicated on the right.

Send to: Hartford Funds
P.O. Box 219060
Kansas City, MO 64121-9060

Employer SIMPLE IRA Contribution $ _____
(from final page)

Employee Salary reduction Contribution $ _____
(from final page)

TOTAL CHECK ENCLOSED $ _____

Plan Administration

A Plan Participation Confirmation (PPC) will be mailed to the designated contact person for your group after the initial contribution has been made. The PPC contains the names of all participants in your plan along with the amount and investment allocation of their previous contribution. If a participant chooses to change the investment allocation of his or her current contribution, you may adjust the investment allocation on the PPC and remit it with the current payment.

For a complete list of funds, please refer to **Fund List AC_IRA**, which is available on our website at Hartfordfunds.com

Example:

Participant Name	Social Security Number	Account Number	Hartford Funds Fund # (List only one per line)	Employer Contribution	Employee Salary Reduction Contribution
John Smith		9101112	210	$1,200.00	$50.00
			1289		$50.00
			TOTAL CONTRIBUTIONS	$1,200.00	$100.00

Participant Name	Social Security Number	Account Number	Hartford Funds Fund # (List only one per line)	Employer Contribution	Employee Salary Reduction Contribution
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			TOTAL CONTRIBUTIONS	$	$

Participant Name	Social Security Number	Account Number	Hartford Funds Fund # (List only one per line)	Employer Contribution	Employee Salary Reduction Contribution
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			TOTAL CONTRIBUTIONS	$	$

Participant Name	Social Security Number	Account Number	Hartford Funds Fund # (List only one per line)	Employer Contribution	Employee Salary Reduction Contribution
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				$	$
				$	$
			TOTAL CONTRIBUTIONS	$	$

Fax this completed form to (888) 802-0039, or mail it to the appropriate address below.

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.