Hartford Funds Trustee Certification Form

Use this form if you are:

- applying for a Hartford Funds Account where the Account Owner and/or Beneficiary will be a trust
- changing the Account Owner and/or Beneficiary of an existing Hartford Funds Account to a trust
- modifying the trust information previously provided to Hartford Funds

Note: All trust information must reflect the same information listed on the application. This form can not be used as an application supplement.

Section A - Trust Information Name of Trust Account Number (if available) Trust Mailing Address Image: City for the second seco

Do not complete this line if the trust named in this Section A is a U.S. person under applicable U.S. tax law (e.g. a U.S. domestic trust) and the person(s) for whom the trust is acting is/are a U.S. Citizen, U.S. Resident Alien or other "U.S. person" under U.S. tax law. Please refer to the instructions for IRS Form W-9, applicable U.S. treasury regulations, and speak to your tax and legal advisor. If applicable, please check the following statement and attach the appropriate version of IRS Form W-8: The Trust named in Section A is a:

└── Foreign Entity (examples: foreign simple trust, foreign grantor trust or foreign complex trust)

Section B - Grantor Trust Information (A.K.A. Trustor/Settlor Trust)

Complete this section only if the trust is a Grantor Trust. By completing this section, you acknowledge the above named trust is a Grantor Trust (as described in Internal Revenue Code sections 671-679) for income tax reporting purposes. If your trust is a Grantor Trust, you must provide information about the Grantor by completing Section B. Grantor Information. Please consult you legal advisor to determine whether your trust is a Grantor Trust. Please be aware, Hartford Funds does not provide tax or legal advice and as such will be unable to determine if your trust is a Grantor Trust. If this section is not completed, Hartford Funds will deem this to mean your trust is not a Grantor Trust and will issue income tax reporting in accordance with this understanding.

Please use an additional form to list any additional grantors.

Grantor Information:

| Grantor's Name | Grantor's Date of Birth (mm/dd/yyyy) | Grantor's Social Securit | y Number |
|-------------------------------|--------------------------------------|------------------------------------|----------|
| Grantor's Residential Address | | Grantor's Residential Phone Number | |
| City | | State | ZIP Code |

Co-Grantor Information:

| Co-Grantor's Name | Co-Grantor's Date of Birth (mm/dd/yyyy) | Co-Grantor's Social Sec | urity Number |
|----------------------------------|---|---------------------------------------|--------------|
| Co-Grantor's Residential Address | | Co-Grantor's Residential Phone Number | |
| City | | State | ZIP Code |

HARTFORDFUNDS

Our benchmark is the investor.

Contact Information:

Online: hartfordfunds.com

Telephone: 1-888-843-7824 Fax: 1-888-802-0039 Attn: Hartford Funds

(Note: Medallion Signature Guarantee stamp cannot be faxed)

Section C - Authorized Trustee(s)

Please list the current trustee(s) named under the Trust. If there are more than three trustees named, please use an additional form to list the additional trustees.

Trustee Information:

| Trustee's Name | | Trustee's Date of Birth (mm/dd/yyyy) | | Trustee's Social Security Number | |
|-------------------------------|--------------|--------------------------------------|----------------|----------------------------------|------------|
| Trustee's Citizenship Status | U.S. Citizen | Resident Alien | Non-Resident A | ien (complete IRS Form \ | V-8BEN) |
| Trustee's Residential Address | | | | Trustee's Residential Ph | one Number |
| City | | | | State | ZIP Code |

Co-Trustee Information:

| Co-Trustee's Name | | Co-Trustee's Date of | Birth (mm/dd/yyyy) | Co-Trustee's Social Sec | urity Number |
|----------------------------------|--------------|----------------------|--------------------|--------------------------|----------------|
| Co-Trustee's Citizenship Status | U.S. Citizen | Resident Alien | Non-Resident A | ien (complete IRS Form \ | N-8BEN) |
| Co-Trustee's Residential Address | | | | Co-Trustee's Residentia | l Phone Number |
| City | | | | State | ZIP Code |

Co-Trustee Information:

| Co-Trustee's Name | | Co-Trustee's Date of | Birth (mm/dd/yyyy) | Co-Trustee's Social Sec | urity Number |
|----------------------------------|--------------|----------------------|--------------------|--------------------------|----------------|
| Co-Trustee's Citizenship Status | U.S. Citizen | Resident Alien | Non-Resident A | ien (complete IRS Form \ | N-8BEN) |
| Co-Trustee's Residential Address | | | | Co-Trustee's Residentia | l Phone Number |
| City | | | | State | ZIP Code |

Section D - Authority for Trustee(s) to Act on Behalf of the Trust

Please check the appropriate box so that Hartford Funds can identify who has the authority to act on behalf of the trust. Select one option only.

All trustees may act independently on behalf of the trust

All trustees must act together on behalf of the trust

A majority of trustees may act on behalf of the trust

Other (please explain): _____

If nothing is entered in this section Hartford Funds will deem this to mean that all trustees must act together on behalf of the trust until we are instructed otherwise.

| Section E - Revocable or Irrevocable Trust | | | | |
|--|--|--|--|--|
| The Trust is: | | | | |
| Revocable and is in full force and in effect OR Irrevocable and is in full force and in effect | | | | |
| | | | | |
| Section F - Simple or Complex Trust | | | | |
| The Trust is: | | | | |
| A Simple Trust OR A Complex Trust | | | | |
| | | | | |
| Section G - Certifications, Acknowledgments and Signatures | | | | |
| The Trustee(s) hereby certify, acknowledge and understand that: | | | | |
| Neither Hartford Funds nor anyone acting as an agent of Hartford Funds is responsible to determine the authority of the Trustee(s) or inquire into, or review the provisions of the Trust, and shall not be charged with knowledge of the terms of the Trust; | | | | |
| 2. Beneficial interests under the Trust can and will only be established for persons who (i) are related to the Account Owner by blood or by law, (ii) have a substantial interest in the Account Owner engendered by love and affection, or (iii) hold a lawful and substantial economic interest in the continued life of the Account Owner; | | | | |
| 3. Hartford Funds will rely upon this certification and will not be held liable for any act taken by it pursuant to and in reliance upon this certification and upon the representations made herein; | | | | |
| 4. There are no other trustees of the Trust other than the ones named in this form. | | | | |
| 5. The Trustee(s) agrees to notify Hartford Funds in writing of any amendment to the Trust, any change in the composition of the trustees or any other event that may alter the certifications contained herein and that Hartford Funds may rely on the validity of this certification absent receipt of such notice; | | | | |
| 6. The undersigned Trustee(s) agrees, on behalf of the above named trust, to indemnify and hold harmless Hartford Funds, its agents and employees from all loss, expense, costs and liability of any nature that may arise as a result of any action taken by Hartford Funds, its agents or employees in reliance upon this certification; and | | | | |
| | | | | |

7. Neither Hartford Funds nor its agents or employees provide tax or legal advice and make no representations as to the application of any **look-back**/incident of ownership requirements that may be applied to this policy.

Please note, all named Trustees must sign. If there are more than three trustees named please use an additional form for additional trustee signatures.

| Trustee's Signature (if applicable) | Title (if applicable) | Date Signed (mm/dd/yyyy) |
|-------------------------------------|-----------------------|--------------------------|
| Trustee's Signature (if applicable) | Title (if applicable) | Date Signed (mm/dd/yyyy) |
| Trustee's Signature (if applicable) | Title (if applicable) | Date Signed (mm/dd/yyyy) |

Have you...

- provided complete Trust information in Section A?
- provided complete Grantor Trust information in Section B?
- provided complete information on the Authorized Trustees in Section C?
- provided the proper level of Trustee authority in Section D?
- indicated if this is a Revocable or Irrevocable Trust in Section E?
- indicated if this is a Simple or Complex Trust in Section F?
- read and understood the Certifications and Acknowledgments in Section G and provided the required signature(s)?

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

Customer Privacy Notice The Hartford Financial Services Group, Inc. and Affiliates

(herein called "we, our, and us")

This Privacy Policy applies to our United States Operations

We value your trust. We are committed to the responsible: a) management; b) use; and c) protection; of Personal Information. This notice describes how we collect, disclose, and protect Personal Information. We collect **Personal Information** to: a) service your Transactions with us; and b) support our business functions. We may obtain **Personal Information** from: a) You: b) your Transactions with us; and c) third parties such as a consumer-reporting agency. Based on the type of product or service You apply for or get from us, Personal Information such as: a) your name; b) your address; c) your income; d) your payment; or e) your credit history; may be gathered from sources such as applications, Transactions, and consumer reports. To serve **You** and service our business, we may share certain Personal Information. We will share Personal Information, only as allowed by law, with affiliates such as: a) our insurance companies; b) our employee agents; c) our brokerage firms; and d) our administrators. As allowed by law, we may share **Personal Financial Information** with our affiliates to: a) market our products; or b) market our services; to You without providing You with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including: a) independent agents; b) brokerage firms;

c) insurance companies;

d) administrators; and

e) service providers;

who help us serve You and service our business.

Revised February 2024

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

a) taking surveys;

b) marketing our products or services; orc) offering financial products or services under a joint agreement between us and one or more financial institutions.

We, and third parties we partner with, may track some of the pages **You** visit through the use of: a) cookies:

- b) pixel tagging; or
- c) other technologies;

and currently do not process or comply with any web browser's "do not track" signal or other similar mechanism that indicates a request to disable online tracking of individual users who visit our websites or use our services.

For more information, our Online Privacy Policy, which governs information we collect on our website and our affiliate websites, is available at https://www.thehartford.com/online-privacy-policy.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) "opt-out;" orb) "opt-in;"
- as required by law.

We only disclose Personal Health Information with:

a) your authorization; or

b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as: a) underwriting policies;

- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
- b) the integrity of;

Personal Information that we have. We use these procedures to guard against unauthorized access.

| Some techniques we use to protect Personal Information include: | c) financial benefits; ord) policy or claim information. | | | |
|--|--|--|--|--|
| a) secured files; b) user authentication; c) encryption; d) firewall technology; and e) the use of detection software. | <i>Personal Financial Information</i> may include Social Security Numbers, Driver's license numbers, or other government-issued identification numbers, or credit, debit card, or bank account numbers. | | | |
| We are responsible for and must: a) identify information to be protected; b) provide an adequate level of protection for that data; and | <i>Personal Health Information</i> means health information such as: a) your medical records; or b) information about your illness, disability or injury. | | | |
| c) grant access to protected data only to those people who must use it in the performance of their job-related duties. | Personal Information means information that identifies You personally and is not otherwise available to the public. It includes: | | | |
| Employees who violate our privacy policies and procedures may be subject to discipline, which may include termination of their employment with us. | a) Personal Financial Information; and b) Personal Health Information. <i>Transaction</i> means your business dealings with us, such | | | |
| We will continue to follow our Privacy Policy regarding Personal Information even when a business relationship no longer exists between us. | as:a) your Application;b) your request for us to pay a claim; andc) your request for us to take an action on your account. | | | |
| As used in this Privacy Notice: <i>Application</i> means your request for our product or | <i>You</i> means an individual who has given us Personal Information in conjunction with: | | | |
| service. <i>Personal Financial Information</i> means financial information such as: a) credit history; b) income; | a) asking about; b) applying for; or c) obtaining; a financial product or service from us if the product or service is used mainly for personal, family, or household purposes. | | | |

If you have any questions or comments about this privacy notice, please feel free to contact us at The Hartford – Consumer Rights and Privacy Compliance Unit, One Hartford Plaza, Mail Drop: HO1-09, Hartford, CT 06155, or at ConsumerPrivacyInquiriesMailbox@thehartford.com.

This Customer Privacy Notice is being provided on behalf of The Hartford Financial Services Group, Inc. and its affiliates (including the following as of February 2024), to the extent required by the Gramm-Leach-Bliley Act and implementing regulations:

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