

Hartford Funds Power of Attorney Form

Section D - Designation of Attorney-In-Fact

I, _____ of _____ do hereby make, constitute and appoint
(Account Owner) (City, State)
_____ my true and lawful attorney or agent ("Agent") for me and in my name, place and stead:
(Attorney-In-Fact)

- (1) to transmit to Hartford Funds and its servicing agent, SS&C GIDS, Inc., either orally or in writing in accordance with procedures established by SS&C GIDS, Inc. from time to time, instructions for the purchase, sale, exchange or transfer of shares with respect to any account(s) I may hold with Hartford Funds;
(2) to make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment of checks drawn on any of my accounts with Hartford Funds; and
(3) to enter into all other lawful transactions with respect to any of my said mutual fund account(s).

I hereby agree to indemnify and hold Hartford Funds and its agents and custodian harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said Agent with respect to the shares held in my account(s) with Hartford Funds.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries, or assigns. The authorization is effective until one of the following written notices is addressed to and received by Hartford Funds and/or SS&C GIDS, Inc. and processed within a reasonable time: (1) revocation by the Account Owner or (2) a subsequent completed Power of Attorney or (3) written notification of death of Account Owner. Such notice of revocation or death shall not affect any liability in any way resulting from transactions initiated prior to Hartford Funds and/or SS&C GIDS, Inc. acting on such notice within a reasonable amount of time. This POA agreement will not be affected by my disability or incapacity. In case of my death, this authorization will discontinue, and Hartford Funds and/or SS&C GIDS, Inc. will not be responsible for any transactions or changes made to my account by my agent and attorney-in-fact until Hartford Funds and/or SS&C GIDS, Inc. has received and processed a written notice as stated above.

The undersigned has read the forgoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto set my hand and seal the ____ day of _____, 20____

Signature of Account Owner (sign in the presence of a Notary Public)

STATE OF _____)
) S.S.
COUNTY OF _____):

On this ____ day of _____, 20____, before me personally appeared _____, to me personally known to be the individual described herein and who executed the foregoing instrument, and acknowledged that he/she executed the same.

Notary Public
My commission expires:_____

Notary Public Stamp Here

**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.