## **Hartford Funds Power of Attorney Form**



Our benchmark is the investor.

## **Important Notice – The USA PATRIOT Act**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. In some cases, Federal law also requires us to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

What this means to you: When you open an account, we will ask for names, addresses, dates of birth and other information that will allow us to identify you and certain other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

## Purpose

To designate an attorney or agent authorized to act on a Hartford Funds account(s).

Note: If you are unable to complete this form or have questions, please call 888-843-7824

Section A - Account Information					
List the account(s) applicable to the power of attorney designation.					
Account Owner					
Account Number(s) (existing account number(s) if applicable)	Telephone Number	Telephone Number			
Section B - Attorney-In-Fact Information					
Attorney-In-Fact Name	Social Security Number	Social Security Number Date of Birth (mm/dd/yyyy)			
Address (P.O. Boxes not allowed)	City	State	ZIP Code		
Section C - Affidavit of Designated Attorney-In-Fact  Name of Attorney-In-Fact:					
STATE OF)					
Being duly sworn and deposed, I affirm that:as principal, did,as principal, did,					
On thisday of, 20, appoint me his true and lawful attorney by the foregoing instrument hereby made a part hereof. I further certify, under penalty of perjury, that the information I have provided above is true and accurate.					
		Notary Public Sta	mp Here		
Signature of Attorney-In-Fact (sign in the presence of a Notary Public)					
Sworn to before me this day of	, 20				
Notary Public My commission expires:					

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Section D - Designation of Attorney	/-In-Fact		
l,(Account Owner)	of	(City, State)	do hereby make, constitute and appoint
(Attorney-In-Fact)	my true and	d lawful attorney or age	ent ("Agent") for me and in my name, place and stead:
	&C GIDS, Inc. from	time to time, instruc	, either orally or in writing in accordance with tions for the purchase, sale, exchange or transfer of ;
(2) to make, draw, sign, endorse, with Hartford Funds; and	negotiate, cash, de	eliver and make a sto	p payment of checks drawn on any of my accounts
(3) to enter into all other lawful to	ransactions with re	espect to any of my sa	aid mutual fund account(s).
	have originated fr		stodian harmless from acting upon instructions, om any and all acts of said Agent with respect to the
undersigned's heirs, executors, succeptited notices is addressed to and (1) revocation by the Account Owner. Such notice of revoprior to Hartford Funds and/or SS& will not be affected by my disability	cessors, beneficiar received by Hartform or (2) a subsequence cation or death shot C GIDS, Inc. acting or incapacity. In caesponsible for any	ries, or assigns. The au ord Funds and/or SS& ent completed Power nall not affect any liab gon such notice withir ase of my death, this or transactions or chan	all force and effect and shall be binding upon the authorization is effective until one of the following at GIDS, Inc. and processed within a reasonable time: of Attorney or (3) written notification of death of ility in any way resulting from transactions initiated a reasonable amount of time. This POA agreement authorization will discontinue, and Hartford Funds ges made to my account by my agent and attorney-ined a written notice as stated above.
The undersigned has read the forgo seal the day of		before signing. IN WI	TNESS WHEREOF, I have hereunto set my hand and
Signature of Account Owner (sign in	n the presence of a N	Notary Public)	
STATE OF	) ) S.S.		
COUNTY OF	):		
On this day of	, 20,	before me personally	appeared
executed the foregoing instrument,	, to m	ne personally known t	to be the individual described herein and who
executed the foregoing instrument,	and acknowledge	ed that he/she execute	eu tile same.
			Notary Public Stamp Here
Notary Public		_	
My commission expires:			
,			

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.