Hartford Funds SIMPLE IRA Return of Excess Contribution Form

HARTFORDFUNDS

(Use only for SIMPLE IRA accounts with UMB Bank, n.a. as custodian)

Our benchmark is the investor.

Purpose

Use this form to request a return of an excess employee contribution and/or employer contribution made to a SIMPLE IRA. Please read the instructions carefully to complete the form. Hartford Funds strongly recommends that you consult with your qualified tax professional for any tax questions pertaining to distributions taken from your retirement plans.

To process an excess contribution removal on a Traditional, Roth, or SEP IRA, please use the Hartford Funds Return of Excess Contribution Form for Traditional, Roth, and SEP IRA's (MF-10075).

Important Notice

- This form does not address all available options for employer or employee SIMPLE IRA excess contributions. You should consult your tax professional for guidance prior to completing this form. Additional information for employers may also be found for in the SIMPLE IRA Fix-It Guide, or through the IRS Employee Plan Compliance Resolution System ("EPCRS"), both of which can be found on the IRS website, irs.gov.
- The deadline for the tax year is your tax filing deadline.

Medallion Signature Guarantees cannot be faxed.

Section A - Hartford Funds Account Owner Information	
Owner's Name	Social Security Number
Account Number	Telephone Number
Employer Plan Name	
SIMPLE IRA Plan Authorized Individual	
Section B - Excess Contribution Information	
for the year of the contribution. To correct an excess cor excess contribution was made, I understand that the IRS	erally April 15th) — no extensions. I have not yet filed my taxes ntribution before the tax filing deadline for the year for which the smay require a calculation to determine the earnings or loss on the ustodian as a gain or loss and this will adjust the amount of excess
1. Amount of excess contribution \$ whi	ch was deposited in year
2. Excess contribution date(s) (if available):	
Employee contribution, after tax filing deadline (generathe year of the contribution. I understand that I can only	ally April 15th) — no extensions. I have already filed my taxes for remove the amount of the excess contribution.
1. Amount of excess contribution \$ whi	ch was deposited in year
year in which the excess contribution was made, I under well as the earnings, if any. Earnings will be calculated by excess withdrawn. (Treas. Reg. 1.408-11) As the employe	cess employer contribution before/after the tax filing deadline for the stand that I must remove both the excess contribution amount(s) as y the custodian as a gain or loss and this will adjust the amount of er you acknowledge that it is your responsibility to review the SIMPLE is distribution, both of which can be found on the IRS website, irs.gov.
Note: Excess employer contributions must be returned t	to the employer. The employer's signature is required in Section E.
1. Amount of excess contribution \$ whi	ch was deposited in year
2. Excess contribution date(s) (if available):	<u></u>
Note: Please consult with your tax and legal professionals. F	Hartford Funds cannot provide tax, accounting, or legal advice.

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Account Number(s):

Section C - Distribution Election

Specify percentage of the excess amount to be removed from each fund:

Fund Name	Fund Number	Class	Percentage
			%
			%
			%
			%
		TOTAL	<u>100</u> %

Note: The amount returned may be more or less than your actual contribution due to market fluctuation. If no instructions are provided, any amounts removed will be removed in the same proportion as originally invested.

Section D - Instructions for Amount to be Removed

Employer:

Any **employer** contributions will automatically be returned via electronic funds transfer, ("EFT") to the bank account that is already established with Hartford Funds. If EFT has not been established prior to the receipt of this request, is unavailable, or if you check the box below, a check will be mailed to the employer's address of record. Excess employer contribution removal must be authorized by the SIMPLE IRA owner in section E below.

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п	- 1	N 4 . 1 . 1 1 4 .			(continue to Section E).
п	- 1	IVIDII CHACK TA	tha amniavarc	andrace of racord	ICONTINUE TO SECTION EX
L		IVIAII CHECK LO	י נווב בוווטוטעבו ז	auuless oi lecolu	icontinue to section El.

Employee:

This section only applies to SIMPLE IRA return of excess employee contribution.

Please select one of the following options:

	Forward	check to	my currer	it address	of record	l (default)
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Forward check to an alternate address	Medallion Signature Guarantee red	guired below within Section E):

Mailing Address	City	State	Zip

Income Tax Withholding: (for payments within the United States) By signing this form, I elect not to have income tax withheld from the distribution.

Section E - Authorization/Acknowledgment (you must complete this section)

I, the undersigned, authorize and request that UMB Bank, n.a. as custodian for my IRA, make the above distribution(s) from the account listed in Section A. I fully understand that I am ultimately responsible for removing excess contributions from my IRA, and that failure to remove excess contributions may result in tax penalties. I am authorizing Hartford Funds to follow the instructions as selected above.

These materials are not intended to provide tax, accounting, or legal advice. As with all matters of a tax or legal nature, you should consult your own tax or legal professional for advice. Hartford Funds cannot provide tax, accounting, or legal advice. The information in these materials cannot be used or relied upon for the purpose of avoiding IRS penalties.

I certify that the information provided above is correct, and I am aware of the possible tax consequences of these distribution(s). I agree to indemnify and hold Hartford Funds, SS&C GIDS, Inc., UMB Bank, n.a., and any affiliate and/or any of their directors, trustees, employees, and agents harmless in this regard for elections I have made, and for any actions taken as a result of the information and instructions I have provided.

Hartford Funds SIMPLE IRA Return of Excess Contribution Form (Use only for SIMPLE IRA accounts with UMB Bank, n.a. as custodian) Account Number(s):_____

The distribution of an excess employee Sign here:	and/or employer contribution is be	ing authorized by the SIMPLE IRA owner.	
Owner's Name (print)	Owner's Signature	Date Signed (mm/dd/yyyy	·)
Note: A Medallion Signature Guarantee to an alternate address. Medallion Signa be faxed.		Medallion Signature Guarantee Stamp Here	
employer's address of record. By signin	g this form, you acknowledge that it	by the employer, the distribution will be sent to the tis your responsibility to review the SIMPLE IRA Fixcan be found on the IRS website, irs.gov. Please sig	
Plan Authorized Individual (print)	Plan Authorized Individual	Signature Date Signed (mm/dd/yyyy	()

Additional Information

Requesting a return of employee excess before the tax-filing deadline:

• Any positive earnings will be included as income when you file a tax return for the year in which the excess contribution occurred. Earnings are subject to a 10% premature distribution penalty when filing a tax return if you are under age 59½ and the distribution does not qualify as premature exempt under IRS rule 72(t). A 25% premature distribution penalty may also apply if you are under age 59½, it is within two years of your initial participation in the SIMPLE plan, and the distribution does not qualify as premature exempt under IRS rule 72(t).

Requesting a return of employee excess after the tax-filing deadline:

An amended tax return may need to be filed after removing the excess contribution. The excess contribution is also subject
to a 6% IRS penalty for each year it remains in your account past the deadline for the tax year. You understand that the
earnings attributable to the excess may remain in the account, and that your age will determine whether the amount
returned is treated as a premature or normal distribution, and that you must file IRS Form 5329 with your federal income
tax filing.

Further considerations of the corrective distribution of the excess:

- If the excess contribution is an excess employee contribution, the excess distribution and any applicable earnings is reported on form 1099-R and are generally included in gross income.
- If the excess contribution is an excess employer contribution, the excess amount plus any applicable earnings is reported on a 1099-R and is not included in the employee's gross income.

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.