

Hartford Funds Plan Administration Online Access Request Form - Electronic Funds Transfer (EFT)/ACH Debit Authorization

HARTFORDFUNDS

Our benchmark is the investor.*

Use this form to provide plan administration online access for EFT/ACH debit authorization.
Requests may be submitted via fax to Attn: Hartford Funds at 1-888-802-0039.

Contact Information:

Online:
www.hartfordfunds.com

Telephone:
Call 1-888-843-7824

Fax: 1-888-802-0039
Attn: Hartford Funds

(Note: Medallion Signature Guarantee stamp cannot be faxed)

Section A - Group Information

Group name*	Group number
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Section B - Plan Administrator

Name*	Phone number*
E-mail address*	

If you administer another plan established in Hartford Funds Plan Administration Online, enter the Group Number and Operator ID below.

Group number	Operator ID
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Section C - Bank Information

Name of financial institution*	
Account number at financial institution*	Bank Routing Number* (must be 9 digits - attach a voided check)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Account type (please select one)*	(Money Market and Mutual Fund Accounts may not be used)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank account owner(s)	

(Bank must be a participant of the ACH network. If applicable, please attached a voided check to this authorization form)

Important: By signing this paperwork, you agree and confirm that your use of the Automated Clearing House ("ACH") Network will not result in transfers to or from a financial institution outside of the United States. You also understand it is your responsibility to notify Hartford Funds if any changes to your status occur that may require funds to be sent to or from a financial institution outside of the United States.

Section D - Authorization

I (we) authorize Hartford Funds and affiliated companies, to initiate debit entries (and to initiate, if necessary, credit entries and adjustments for debit entries made in error) to my (our) account indicated above and the Depository named above, hereinafter called Depository, to debit and/or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and affect until Hartford Funds has received written notice from me (us) of its termination in such time and in such manner as to afford Hartford Funds and Depository a reasonable opportunity to act on it. I (we) understand I (we) should allow at least 7 days for the first DEBIT to occur.

Print Name* _____ Signature* _____ Date signed (mm/dd/yyyy)* _____

*Indicates a required field

Have you...

- completed the group information in Section A?
- completed Section B to provide the plan administrator information?
- provided complete bank information in Section C?
- signed and dated Section D?

**For standard mail delivery,
please mail this form to:**
Hartford Funds
PO 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