

Hartford Funds Coverdell ESA Distribution Request Form

(Use Only For Coverdell ESA Plans with UMB Bank, n.a. as Custodian)

HARTFORDFUNDS

Our benchmark is the investor.*

Requests may be submitted via fax to Attn: Hartford Funds at 1-888-802-0039.

Note: Medallion Signature Guarantees cannot be faxed. For additional information, refer to page 4.

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 - Account Information (All fields required)

Account Number	Telephone Number	
Student Name	Student Social Security Number	Student Date of Birth
Responsible Individual Name	Responsible Individual SSN	Responsible Individual Date of Birth
Responsible Individual's Residential Address		
City	State	ZIP Code

Section B - Distribution Amount (One election type is required per form)

- Full Redemption (Section C is required) - All funds within the account number listed above will be redeemed.
- Partial Redemption (Section C is required) Redemption Amount: \$ _____

For a partial redemption, please indicate the fund(s) being redeemed and the amount(s) to redeem from each fund:

Fund Name	Class	Number of Shares*
	_____	\$ _____ or _____ or _____ %
	_____	\$ _____ or _____ or _____ %
	_____	\$ _____ or _____ or _____ %
	_____	\$ _____ or _____ or _____ %
Total		\$ _____ or _____ or <u>100</u> %

* We will only accept whole percentages (e.g. 50%, 67%, etc.)

Fund Minimums do apply: If a distribution does not result in full distribution of a fund, you must retain at least \$1000 in the fund.

Section B - Distribution Amount - continued (One election type is required per form)

3. Systematic Withdrawal (Section C is required) - Periodic withdrawals of \$50 or more are available only for accounts with balances of \$5,000 or more. You may request a specific dollar amount or annualized percentage of the market value of your account to be withdrawn on any day of the month between the 1st and 28th.
- Frequency (required): Monthly Quarterly Semi-Annually Annually
- Please begin my systematic withdrawal on _____ (mm/dd/yyyy)
 If no date is chosen, the program will run on the 10th of the month based on payment frequency.
- I would like my distributions to represent an annualized percentage of the account(s) listed. Specify percent: _____%
- I wish to receive a total of \$ _____ each payout, distributed from the funds as specified below:

Notes:

If you leave Section B.2 blank, we will default to pro-rata based on the distribution amount and the current market value of your fund holdings.

If you choose a distribution in a dollar amount greater than the market value of your fund holdings, we will make a FULL distribution on the selected fund (this will only affect the selected fund, not the entire account).

Redemptions from C shares may be subject to a Contingent Deferred Sales Charge (CDSC). In order to provide a check for your requested amount; it may be necessary to redeem an additional amount for any applicable CDSC.

Section C - Reason for Redemption (Required)

- Pay qualified or non-qualified expenses Total and Permanent Disability of the Student

Note: Penalties may apply if distribution is not used for Qualified education expense. Hartford Funds recommends you consult with a tax advisor for any questions about distributions from this account.

Section D - Delivery Options (Required)

Please select one of the following options:

1. Forward check to my current address of record (Default)
- Forward check to an alternate address: (medallion signature guarantee required in section E)

Name of Payee		Account or Student Number (if applicable)		FBO (If applicable)	
Mailing Address			City	State	ZIP Code

Is this a Permanent Change of Address? Yes

2. Deposit to current bank account of record via ACH for: Responsible Individual Student (see Note at the end of Section D)

Financial Institution Name	Account Number
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3. Deposit to the bank account below via ACH (all fields below are required)

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.

Note: A Medallion Signature Guarantee is required if you are updating your bank account and redeeming funds.

Name of Financial Institution	
Account Number at Financial Institution	Bank Routing Number (must be 9 digits - attach a voided check)
Account Type (please select one) <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a deposit slip)	
Bank Account Owner(s)	

John Q. Public 123 Main Street Anywhere, ST 00000-0000	0000
VOID	
Pay to the order of _____ \$ <input style="width: 100px;" type="text"/>	Dollars
Any Bank Any Town, ST 00000	
MEMO _____	
<input style="border: 1px solid red; width: 100px; height: 20px;" type="text"/> <input style="border: 1px solid red; width: 100px; height: 20px;" type="text"/> XXXX	
↓ ↓ Bank Routing Number Account Number	

**Attach a voided check here.
Please use tape instead of staples.**



- No Starter Checks.
- Minimum ACH is \$50 per fund per month.
- ACH will arrive in 2-3 business days.
- There is no fee for this option.

Note: If the registration on the bank account is different from the registration on the Hartford Funds account or if this is a new or updated bank account on the record, we require a medallion signature guarantee.

Section E - Authorization / Acknowledgement (Required)

Please redeem the above requested amounts as directed. I agree with the requirements set forth on this form and understand that I am responsible for reporting and payment of any and all taxes or penalties that may apply to this distribution.

Responsible Individual Signature

Date Signed (mm/dd/yyyy)

Medallion Signature Guarantee Stamp Here

Authorized Signer (Option)
Required Format: John Doe (POA) fbo Jane Doe

Date Signed (mm/dd/yyyy)

Medallion Signature Guarantee Stamp Here
 (required for POA, Guardian or Conservator)

Medallion Signature Guarantee

A Medallion Signature Guarantee Stamp is required in the following circumstances:

- Your address of record has changed within the past 30 days
- You are selling more than \$100,000 worth of shares
- You are requesting payment be delivered to an address other than the address of record

Additional Information

60 Day IRA Rollover / 90 Day Hartford Funds Reinstatement Privilege

- **Rollover Option** - You may withdraw any or all of the assets from a Coverdell ESA and reinvest some or all of the proceeds, in the same Coverdell ESA, tax-free within 60 days. If you are eligible for a rollover, the proceeds can be reinstated without a sales charge, as long as the transfer agent is notified before you invest and the purchase does not exceed contribution limits. All accounts involved must have the same registration.

Please refer to the Coverdell ESA disclosure statement and/or consult with a tax advisor for complete details on the IRS rollover guidelines.

- **Reinstatement Privilege** - When shares of a fund are sold, some or all of the proceeds can be reinvested in the same fund, or any other Hartford Funds fund, within 90 days without a sales charge, as long as we are notified at the time of the reinvestment. If Class A or C shares were sold, the shareholder must reinvest in shares of the same class. If a CDSC was paid when the Class A or C shares were sold, the account will be credited with the amount of the CDSC. All accounts involved must have the same registration.

Please refer to the fund prospectus for complete details of the reinstatement privilege.

Have you...

- completed Section A and provided a Name, Account, and Social Security Number?
- provided the distribution type in Section B and the partial redemption amount, if applicable?
- provided fund selection in Section B, if applicable?
- completed Section C to provide us with your reason for redemption?
- completed Section D to provide us with delivery instructions and included a voided check for ACH?
- signed and dated the form in Section E and received a Medallion Signature Guarantee, if applicable?
- signed and dated the form in Section E and received a signature guarantee if the Power of Attorney is acting on behalf of the contract owner?

**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