Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

| | ring issuer | | 2 Issuer's employer identification number (EIN) |
|---------------------------------------|---------------------------------|---|--|
| 1 Issuer's name | | | 2 Issuer's employer ruenturcation number (Em) |
| The Hartford MidCa | n Fund | | 06-1498880 |
| | for additional information | 5 Email address of contact | |
| Denise D. Lauber | | 610-386-6740 | denise.lauber@hartfordfunds.com |
| 6 Number and stre | et (or P.O. box if mail is no | | |
| | | , | |
| 690 Lee Road | | | Wayne, PA 19087 |
| 8 Date of action | | 9 Classification and description | |
| | | | |
| September 13, 2024 | | 1 for 2 Reverse Share Split Class | S C Shares 13 Account number(s) |
| 10 CUSIP number | 11 Serial number | (s) 12 Ticker symbol | 13 Account rights er(s) |
| 416645554 | NA. | HMDCX | NA NA |
| Part II Orgai | nizational Action Atta | | See back of form for additional questions. |
| 14 Describe the o | rganizational action and, if | applicable, the date of the action or the | date against which shareholders' ownership is measured for |
| | | | Cap Fund ("HMDCX") effected a 1 for 2 |
| reverse share solit | for its Class C shares. Pu | rsuant to the reverse share split, ever | ry two (2) or fractions thereof issued and outstanding |
| Class C Shares of I | MDCX automatically con | verted into one (1) Class C Share or a | fraction thereof. |
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| 15 Describe the o | quantitative effect of the org | anizational action on the basis of the se | ecurity in the hands of a U.S. taxpayer as an adjustment per |
| share or as a | percentage of old basis 🕨 🤉 | Shareholders are required to allocate | their aggregate tax basis in the existing shares held |
| immediately prior t | - o the share solit among ti | ne shares, including fractional shares | s. Shareholders that have acquired different blocks of Class |
| O Charactery prior L | et times er et different er | ces are urged to consult their own tax | x advisors regarding the allocation of their aggregated |
| | | | t boardors regarding the emeasure of the engineering |
| adjusted basis amo | ong, and the holding perio | od or, that class C Share. | |
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| 16 Describe the | calculation of the change in | basis and the data that supports the ca | alculation, such as the market values of securities and the |
| valuation date | S ► See answer to Line 1 | 5. The basis of the shareholder's tota | l investment (including any fractional shares) will remain |
| | | e basis per share will be impacted. | |
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| Part II | 0 | rganizational Action (contin | nued) | | |
|-------------------------------|--------|---|---|--|---------------------------------------|
| 17 List 1001 and | | pplicable Internal Revenue Code se | ection(s) and subsection(s) upon | which the tax treatment is based ▶ | IRC Sections 354, 358, 368, |
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| 18 Ca | n any | resulting loss be recognized? ► T | he reverse share split is intend | led to be treated as a recapitaliza | tion for U.S. federal income tax |
| | | refore, a shareholder will not rec | | | |
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| 19 Pr | ovide | any other information necessary to | implement the adjustment, such | as the reportable tax year ▶ The re | eportable tax year is 2024. |
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| | Linda | r penalties of perjury, I declare that I ha | we examined this return, including at | companying schedules and statements | , and to the best of my knowledge and |
| | belief | r penanies of perjury, i declare that i ha , it is true, correct, and complete. Declar | ration of preparer (other than officer) | s based on all information of which prep | arer has any knowledge. |
| Sign | | ~ ~ | 1 | | |
| Here | Signa | Ch) www. W/ amin | wel_ | Date ► | 113051 |
| Signature Signature Signature | | | | | |
| | Print | your name ► Denise D. Lauber | | Title▶ Assistan | |
| Paid | | Print/Type preparer's name | Preparer's signature | Date | Check if PTIN |
| Prepa | aror | | | | self-employed |
| Use (| | Firm's name | | | Firm's EIN ▶ |
| | - | Firm's address ▶ | | | Phone no. |
| Canal E | 20 | 37 (including accompanying states | ments) to: Department of the Trea | asury, Internal Revenue Service, Og | den, UT 84201-0054 |