


The Hartford Mutual Funds Instructions for Completing: Redemption Request Form (Do Not Use For 403(b) Plans or IRA Plans with US Bank NA as Custodian)	For Standard Mail Delivery: The Hartford Mutual Funds PO Box 64387 St. Paul, MN 55164-0387	For Private Express Mail Carriers: The Hartford Mutual Funds 500 Bielenberg Drive Woodbury, MN 55125	 THE HARTFORD
	Forms are available online at: www.hartfordinvestor.com		
Telephone Number: 1-888-843-7824 Service Representatives are available Monday - Thursday 7:00 a.m. - 6:00 p.m. Central time and Friday 7:00 a.m. - 5:00 p.m. Central time. Email Address: hmfweb@hartfordlife.com			

Helpful Hints / General Information

Please read the guidelines carefully before you complete the form and keep them for your records.

Do not use for 403(b) Plans, IRA Plans with US Bank NA as Custodian or Required Minimum Distribution (RMD) Requests

- The Hartford recommends that you consult with a tax advisor for any questions about distributions from your retirement plans.
- A signature guarantee is required in the following circumstances:
Please Note: If a signature guarantee is not provided, this may delay your request
 1. Your address of record has changed within the past 30 days.
 2. You are selling more than \$50,000 worth of shares.
 3. You are requesting payment be delivered differently than by a check mailed to the address of record, or wired to a bank account other than the bank account of record.
 4. You are requesting payment be payable to a party other than the registered owner(s).
- A signature guarantee can be obtained by contacting a member firm of any national securities exchange, or a U.S. Commercial Bank. A notary public **cannot** provide a signature guarantee.
- All distributions from Pension/Profit Sharing Plans, Custodial IRAs and 457 Plans will be sent to the Account Owner/Trustee's address of record. The Account Owner/Trustee is responsible for tax reporting.
- Any redemption requests from Class B and 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 (Class B and C shares).
- For accounts not registered in the shareholder's name (Custodial Accounts, Trusts, Estates, Conservatorships, UGMA, UTMA, Corporations, etc.), certified proof of appointment is required. A signature guarantee may also apply (see above).

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Section A – Mutual Fund Account Owner Information

Social Security Number:	Account Number(s):
Primary Owner Name:	Joint Owner (if applicable):
Telephone Number:	Best Time To Call: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

Section B – Distribution Election

Please check applicable boxes: **Partial Redemption** *OR* **Full Redemption**
 \$ _____ **Amount Requested** *OR* **Net Amount***

*Note: Redemption amount may be greater for Class B and C shares that may have contingent deferred sales charges assessed.

Fund Name: _____, Class _____, \$ _____, number of shares _____, or _____ %
 Fund Name: _____, Class _____, \$ _____, number of shares _____, or _____ %
 Fund Name: _____, Class _____, \$ _____, number of shares _____, or _____ %
 Fund Name: _____, Class _____, \$ _____, number of shares _____, or _____ %
 Fund Name: _____, Class _____, \$ _____, number of shares _____, or _____ %
 Fund Name: _____, Class _____, \$ _____, number of shares _____, or _____ %

Section C – Mailing Instructions

Forward check to my current address of record.
 Wire to my current bank account of record.
 Forward check to the following address (if other than address of record, a signature guarantee is required):
 Permanent Address Change **Temporary Address Change** (if nothing is checked, address will not be changed)

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Wire to another bank (if other than bank of record, a signature guarantee is required):

Name of Financial Institution:	Telephone Number:
Mailing Address: _____ City: _____ State: _____ Zip Code: _____	
Account Number:	Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Transit Routing Number: (may be obtained from your bank)	

Section D – Authorization / Acknowledgement

Please redeem the above requested amounts as directed. I agree with the requirements set forth on this form.

<u> X </u> Account Owner Signature	_____ Date Signed	MEDALLION STAMP HERE
<u> X </u> Joint Owner / Co-Trustee Signature (if applicable)	_____ Date Signed	MEDALLION STAMP HERE