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).
The Hartford Mutual Funds
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

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

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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: ___________________________ A.M. ___________________________ 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): □ Checking □ 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.

X ___________________________ Date Signed ___________________________

Account Owner Signature

X ___________________________ Date Signed ___________________________

Joint Owner / Co-Trustee Signature (if applicable)