

4. Amount of distribution *(Choose one.)*

A. **Full balance.** Withdraw the entire amount held in all of the Investment Options in my Account, discontinue my Automatic Investment Program (AIP) *(if applicable)*, and close this Account.

Important: If you contribute to your Account through Payroll Direct Deposit, you must notify your employer to cancel these contributions.

B. **Partial amount of:**

\$, .
 (Total distribution amount)

Important: If the dollar amount you indicate for a particular Investment Option exceeds the amount available for withdrawal, we will liquidate the entire balance of that Investment Option.

Distribute the amount listed above proportionately from among my current Investment Options, based on the current market value of all Investment Options in my account.

Distribute the amount listed above from the specific Investment Options designated below.

Name of Investment Option	Dollar amount <i>(For partial amounts.)</i>	OR	Total balance <i>(Check if applicable.)</i>
<input style="width: 100%;" 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"/> . <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input style="width: 100%;" 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"/> . <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input style="width: 100%;" 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"/> . <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input style="width: 100%;" 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"/> . <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input style="width: 100%;" 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"/> . <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
TOTAL:	\$ <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"/> <input type="text"/> <input type="text"/>		

Note: Redemption requests from Class C shares may be subject to a Contingent Deferred Sales Charge (CDSC).

5. Bank information

- Complete this section if you are adding an EFT option to your Account or if you are changing your bank account information.
- EFT transactions can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.

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 The Hartford 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.

Bank Name

Account Type:
(Check One)

Checking Savings

Bank Routing Number

Bank Account Number

If applicable, authorization from a joint bank account owner is required to add bank instructions on the account.

Bank Account Owner's Name (first, middle initial, last)

SIGNATURE

Signature of Bank Account Owner

Date (mm/dd/yyyy)

Joint Bank Account Owner's Name (first, middle initial, last)

SIGNATURE

Signature of Joint Bank Account Owner

Date (mm/dd/yyyy)

**PLEASE TAPE A COPY OF YOUR VOIDED CHECK HERE ,
OR ATTACH BANK VERIFICATION LETTER FOR SAVINGS ACCOUNT.
STARTER CHECKS ARE NOT ACCEPTABLE**

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

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