Installment (Systematic) Payment Option Change Form for Governmental 457, IRA, 403(b) and Qualified Plans

Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
PO Box 1583, Hartford, CT 06144-1583

Overnight Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
1 Griffin Road North, Windsor, CT 06095-1512

Group No: | Social Security No:

Employer:

Participant Name: *(Last, First, M.I.)*
☐ *Name change? Please provide documentation*

Mailing Address:
☐ *New?*

City: | State: | Zip: | Resident State:

Daytime Phone: | Best time to call ☐ AM ☐ PM

I wish to make the following change to my installment payment:

1. The **date** of the withdrawal: Select from the 1st through 28th of a month. _____
   Checks will be mailed within seven days after each withdrawal date. Payments made by Direct Deposit will be electronically transmitted two business days after each withdrawal date. If any withdrawal date falls on a non-business day, the withdrawal will be processed on the next business day.

*2. The **amount** of the withdrawal **$**_____ or **number** of withdrawals _____ or **percent** of account value _____**%** .

*3. The **frequency** of withdrawals: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

***Changes to #2 or #3 may effect your withholding status. Please submit a new Withholding Authorization Form when making a change to #2 or #3. You may contact a Customer Service Representative in order to determine the effect of this change.**

4. **Stop** withdrawals effective: ____/____/_____
   Payments scheduled on or before this date will be paid to you as your last payment.
   Note: a new Installment (Systematic) Payment Option Application will be required to restart your payment program.

5. Withdrawals will be deducted from **contribution sources** as follows (select one):

   ☐ Pro-rata from **all** contribution sources **or**

   One of the following contribution sources:

   (Note: If one or more of your specified contribution sources are depleted, payments will be suspended until new instruction is received. Due to the source depletion, a lesser payment amount may result.)

   ☐ All Sources ☐ Employee/ Pre-tax/ IRA ☐ Employer/ ER Supplemental ☐ Employer Match
   ☐ 414(h) Employee ☐ Profit Sharing ☐ Money Purchase ☐ Employee After-tax
   ☐ Rollover ☐ Miscellaneous Rollover ☐ Rollover After-tax ☐ Roth Rollovers
   ☐ Roth Contributions

6. Withdrawals will be deducted from **investment choices** as follows (select one):

☐ Pro-rata **or**

☐ Per investment choices

(Note: If one or more of your specified investment choices are depleted, payments will be suspended until new instruction is received. Due to the fund depletion, a lesser payment amount may result. A maximum of nine investment choices can be selected.)

_____% _____ *Investment Choice*	_____% _____ *Investment Choice*	_____% _____ *Investment Choice*
_____% _____ *Investment Choice*	_____% _____ *Investment Choice*	_____% _____ *Investment Choice*
_____% _____ *Investment Choice*	_____% _____ *Investment Choice*	_____% _____ *Investment Choice*

I authorize this change to my installment payment program. I understand that if the request is received after the start date indicated or the existing payment date, the requested change will take place for the following payment frequency.

_____ _____

Participant Signature Date

TPA Authorization, if applicable

_____

Signature/ Date