Death Benefit Request

THE HARTFORD

Group Number:	Plan Name:		
Participant's Full Name: (Last, First, M.I.)		Date of Birth:	Social Security Number:
Participant's Address:			
City:		State:	Zip:
Date of Hire:	Vesting Percent: Participant is 100% vested upon death		Date of Death: (Attach certified copy of Death Certificate.)

A. BENEFICIARY INFORMATION

Name:		Date of Birth:	Social Security Number:
Mailing Address:			Relationship: ☐ Spouse ☐ Non-Spouse
City:	State:	Zip:	% Share:_____(If less than 100%, each beneficiary must complete a request.) (Must be whole %)

B. METHOD / AMOUNT OF PAYMENT (Please also complete **Withholding Authorization Form**.)
Certain restrictions apply to a non-spouse beneficiary.

1. Annuity Purchase Amount $ _____ or ☐ Entire Vested Account Balance Start Date _____
(Please allow at least 4 weeks.)

☐ Survivor Annuity ☐ 100% ☐ 66 2/3% ☐ 50%

Survivor Annuitant Name: _____ SS# _____

Date of Birth: _____ Relationship: _____

☐ Ten Year Certain and Life Annuity** ☐ Life Annuity Other _____

** Beneficiary Name: _____ SS# _____

Date of Birth: _____ Relationship: _____

2. ☐ Cash $ _____ or ☐ Entire Vested Account Balance
3. ☐ Defer payment to a future valuation date **Note:** Payments to a spousal beneficiary must commence no later than the calendar year in which the Participant would have attained age 70 1/2. For a non-spousal beneficiary, the Participant's entire interest must be paid no later than the calendar year which includes the fifth anniversary of the Participant's death.

C. DIRECT ROLLOVER (Check if applicable)

☐ I elect a Direct Rollover of my beneift payment as indicated below. Unless indicated otherwise below, pay my Traditional After-Tax and/or Roth 401(k) Contributions, if any, directly to me. I understand that if I am required to receive a portion of my benefit directly, I must first submit a Minimum Required Distribution form. If I am a non-spousal beneficiary, I understand that I may only elect a rollover to an inherited IRA.

Direct Rollover to (check and complete as applicable):

For Non-Roth Amounts:

☐ IRA

☐ Eligible Retirement Plan (Spousal Beneficiary Only)*

☐ Include Traditional After-Tax Contributions

For Roth 401(k) Contributions:

☐ Roth IRA

☐ Eligible Retirement Plan* with Roth 401(k) Feature (Spousal Beneficiary Only)

Account Number: _____ _____

*Plan Name: (as applicable) _____ _____

Financial Institution: _____ _____

Address: _____ _____

I understand that Traditional After-Tax contributions may only be rolled over to another 401(a) qualified plan, 403(b) plan or Traditional IRA and that Roth 401(k) Contributions may only be rolled over to another plan with a Roth 401(k) feature or a Roth IRA.

D. BENEFICIARY REQUEST

I hereby request that payment be made to me as indicated above. I have received the Special Tax Notice Regarding Plan Payments. I understand that if I am the surviving spouse and I do not rollover 100% of the taxable portion, there may be mandatory 20% Federal Income Tax withholding from the taxable portion of my distribution that I did not rollover. I also acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state.

PLEASE NOTE: All checks will be sent via first class mail by the US Postal Service unless otherwise directed.

_____ _____

Beneficiary's Signature Date

E. PLAN ADMINISTRATOR OR REPRESENTATIVE AUTHORIZATION

(Required before submitting form to The Hartford for processing.)

You are authorized to withdraw the amount necessary to pay the benefit as indicated above in accordance with the terms of the plan. I certify that the above data in regard to the participant is true and accurate to the best of my knowledge. I understad that if a payment is required to be made directly to a beneficiary to satisfy the minimum required distribution rules under Internal Revenue Code 401(a)(9), I must first submit a Minimum Required Distribution form to initiate that payment.

_____ _____

Plan Administrator's Signature **Date**

Full Disclosure Statement

Arkansas
"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Colorado
"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services."

District of Columbia
"WARNING: It is a crime to provide false or misleading information to an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida
"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Indiana
"A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."

Kentucky
"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

Louisiana
"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

New Hampshire
"Any person who, with a purpose to injure, defraud or deceive any insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. However, the lack of such a statement shall not constitute a defense against prosecution under RSA 638:20."

New Jersey
"Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

Ohio
"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud."

Oklahoma
"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Pennsylvania
"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."