Benefit Payment Request

Regular Mail:
Hartford Life Insurance Company
Retirement Plan Solutions, Service Center
P.O. Box 1583
Hartford, CT 06144-1583
Attention: (Your Plan Manager's Name)

Overnight/Express Mail:
Hartford Life Insurance Company
Retirement Plan Solutions, Service Center
200 Hopmeadow Street
Simsbury, CT 06089
Attention: (Your Plan Manager's Name)

THE HARTFORD

Group Number	Plan Name			
Participant's Full name (Last, First, M.I.)		Date of Birth	Social Security Number	
Participant's Full Address				
ER Match / Vesting %	Profit Sharing / Vesting %	Other Source / Vesting %	Date of Hire	TPA Initials

A. Reason for Benefit Payment (check one and complete information following)

☐ Termination of Employment — Effective Date: ___/___/___
☐ Retirement — Effective Date: ___/___/___
☐ Permanent / Total Disability — Effective Date: ___/___/___

> ***Note:*** If you have an outstanding loan, the balance of the loan will be defaulted unless the entire payoff amount accompanies this request.

B. Method / Amount of Payment (Please also complete **Withholding Authorization Form**)

☐ 1. Lump sum cash payment of my vested account balance
☐ 2. Defer payment of my vested account balance
☐ 3. Partial lump sum payment of $____________, with the remainder of my account balance deferred
If option 1,2 or 3 is selected, please skip to section D

☐ 4. Direct Rollover of my vested account balance ☐ excluding ☐ including any after-tax contributions **
** **After-tax contributions can only be rolled into a 401(a) qualified plan or Traditional IRA.**
☐ 5. Partial rollover of $_____________, with the remainder of my vested account balance paid as a lump sum cash payment
☐ 6. Annuity Purchase – please attach a completed Benefit Estimate form.

Options available may vary according to your plan provisions.

C. Rollover (Complete this section if option 4 or 5 is selected above)

Select one of the following
Rollover to: ☐ Traditional IRA ☐ Eligible Employer Plan other than Tradtional IRA

Check payable to____
Account Number ____
Mail check to: Financial Institution or Plan Name:____________________________
Address____
____

D. Participant Authorization

I hereby authorize that payment be made to me as indicated above. I have received the Special Tax Notice Regarding Plan Payments. I understand that if I elect not to 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, located on page 2.

_______________________________________ ______/____/_____
Participant's Signature — Date

E. Plan Administrator or Representative Authorization

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 and that I have obtained any spousal waiver consent forms that may be required by ERISA and the Internal Revenue Code.

_______________________________________ _____/___/____
Authorized Signature/Signature of Plan Administrator — Date

Withholding Authorization Form

THE HARTFORD

Group Number:	Plan Name:

Payee's Name: (Last, First, M.I.)	Social Security Number:

Payee's Address:

City:	State:	Zip:

All Payees should seek professional tax advice if they have any questions concerning their tax obligations.

I. Federal Income Tax Withholding

A **mandatory** 20% Federal Tax withholding is applied to all eligible rollover distributions made to you, unless you directly rollover the distribution to an IRA or another eligible retirement plan.

☐ Direct rollover of all taxable proceeds - Do Not withhold

For the following distributions that are not eligible for rollover, withholding is not mandatory, but we are required to apply 10% withholding unless you elect not to have Federal Income Tax withheld. If you elect not to have Federal Income Tax withheld, keep in mind that you are still liable for payment of Federal Income Tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules, if your payments of estimated tax and withholding, if any, are not adequate.

☐ Hardship Withdrawal: I elect ☐ NO ☐ 10% ☐ other amount ($ or %) ________ Federal Income Tax Withholding

☐ Minimum Required Distribution: I elect ☐ NO ☐ 10% ☐ other amount ($ or %) ________ Federal Income Tax Withholding

For periodic distributions, we will withhold at a rate required by law in accordance with the marital status and exemptions you claim below. **If you do not provide this information, withholding will be determined by treating you as married, claiming three withholding allowances.**

☐ Payments (Annuity/SWO)* ☐ No Withholding or ☐ Married Number of Exemptions ______________
*Payable over 10 or more years or over ☐ Single Withhold Additional Amount $ __________
your life time/and your beneficiaries life time.

II. State Income Tax Withholding

Please complete this section **only** if you reside in any of the following states and you are **not** electing to rollover 100% of your eligible distribution:

CALIFORNIA, DELAWARE, GEORGIA*, KANSAS, LOUISIANA, VIRGINIA**

☐ **YES**, withhold tax ____________% or $______________ ☐ **NO**, do not withhold tax

** **GEORGIA**: Lump Sum Payments are not subject to mandatory state income tax withholding.*
Complete this section only if this payment is the first in a series of payments such as an annuity or similar periodic payment.

*** **VIRGINIA**: In order to elect **NOT** to have taxes withheld, you must complete the State of Virginia Form VA-4P and remit along with this form.*

If you reside in any of the following states and you are not electing to rollover 100% of your eligible distribution, state income tax **WILL** be withheld from the taxable portion of your distribution if Federal Income Tax is being withheld.

IOWA*, MAINE, MASSACHUSETTS**, NORTH CAROLINA***, OKLAHOMA, OREGON, VERMONT

** **IOWA**: Withholding is not required if the taxable portion of the payment is less than $200 monthly or less than $2,400 annually.*

*** **MASSACHUSETTS**: You may need to complete Massachusetts Form M-4P.*

******NORTH CAROLINA**: Where Federal Income Tax Withholding is not mandatory, in order to elect **NO WITHHOLDING**, you must complete Form NC-4P and remit along with this form.*

III. Payee Authorization

I hereby acknowledge that I have received a written explanation of the new withholding/rollover rules and that I have been provided with the ability to roll over all or part of the taxable portion of my distribution into an IRA (Individual Retirement Account) or eligible employer plan for which I may be eligible. I certify that all information above is true and accurate to the best of my knowledge. Further, I agree to waive my right to defer receipt of my payment up to 30 days and hereby elect an immediate distribution.

Payee's Signature ______________________________ Date ______________