



**PLAN SPONSOR AUTHORIZATION
FOR PENSION ADMINISTRATION FIRM PROCESSING OF ONLINE DISTRIBUTIONS**

Group Variable Annuity Contract Number _____ (“Contract”)

| | | |
|-------------------------------------|-----------|----------------|
| Plan Name | | |
| Employer's Name | | |
| Street Address | | |
| City, State, Zip | | E-Mail Address |
| Telephone Number | Extension | Fax number |
| Pension Administration Firm Name | | |
| Pension Administration Firm Address | | |

Direction and Authorization

I certify that I am the Trustee/Plan Sponsor of the above listed retirement Plan. I further certify that the above listed Pension Administration Firm is authorized by the Plan to initiate Benefit payments from the Contract to or on behalf of Plan participants through a Hartford Life website. As an authorized Plan fiduciary, I authorize and direct Hartford Life Insurance Company to process distribution requests it receives from Pension Administration Firm through its website by withdrawing the required amount(s) from the Contract and paying such amount(s) directly to a participant or as a direct rollover to an eligible retirement plan for the benefit of a participant, provided that (i) the distribution qualifies as a “Benefit” payments as defined by the terms of the Contract, and (ii) the request is in good order (as defined by the Contract). This authorization does not apply to any distribution requests that are not Benefit payments. Notwithstanding anything to the contrary contained in the Administrative Services Agreement, the Pension Administration Firm will obtain and retain all authorizations, signatures, agreements, disclosures, schedules, consents and/or elections required by applicable law or regulation (collectively, “Required Documents”). I understand that Pension Administration Firm will not provide Hartford Life or its designee with the original or copies of the Required Documents and that Hartford Life will have no duty to request or review the Required Documents.

I understand and agree that the actions Hartford Life takes with respect to Benefit distribution requests are exclusively non-discretionary and ministerial and that no fiduciary responsibility is hereby conferred upon or assumed by Hartford Life under this authorization or under the Contract. I certify, on behalf of the Plan, that the Plan shall hold Hartford Life, its affiliates and parent companies, harmless from, and shall defend it against, any and all claims, lawsuits and damages that may arise out of Hartford Life’s acting on this authorization and direction. I understand that any dispute between the Plan and the Pension Administration Firm identified above shall be resolved solely by the Plan Sponsor and the Pension Administration Firm, and that the Plan shall have sole responsibility to review and/or monitor Plan distributions.

I represent that the form and method of processing Benefit payments (as indicated above) are authorized under the terms of the Plan. **This authorization and direction shall continue until a written revocation is received by Hartford Life.** I understand that the Plan shall have sole responsibility to timely notify Hartford Life in writing of any revocation or modification of this direction and authorization.

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| Name (please print) | Signature of Plan Sponsor / Trustee X | Date |
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Please mail this form to:

Hartford Life Insurance Company, Retirement Plan Solutions, Attn: _____, PO Box 1583, Hartford CT 06144-1583.