

Benefit Payment Request



SECTION A: PARTICIPANT INFORMATION

Group Number:		Plan Name:	
Participant's Name: (Last, First, M.I.)		Date of Birth:	Social Security Number:
Participant's Address:			<input type="checkbox"/> Check here if this is an address change
City:	State:	Zip:	Daytime Phone Number:

SECTION B: CHOOSE REASON FOR WITHDRAWAL (You must have left employment to utilize this withdrawal form)

Note: This form is NOT to be used to request Minimum Required Distributions -- there is a specific form that must be submitted for those withdrawals.

Last date of employment ____ / ____ / ____

- Termination of Employment
- Retirement
- Permanent/Total Disability

Important Note: Any outstanding loan balance that is not secured by employee after-tax contributions will be reported as taxable. The amount, along with this payment, will be combined to calculate withholding.

AMOUNT OF PAYMENT: Complete Section C (full withdrawal) or Section D (partial withdrawal)

<p>Section C: Withdraw 100% of my vested account value as follows: (Select ONE box);</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pay 100% of vested account value to me, the Participant; <input type="checkbox"/> Pay me a lump sum of \$ _____ and Rollover remaining vested balance as directed in Section E; <input type="checkbox"/> Direct Rollover of 100% of vested account value as directed in Section E; <input type="checkbox"/> Direct Rollover of \$ _____, as directed in Section E, and pay remaining balance to me, the participant. 	<p>Section D: Partial withdrawal (subject to available vested account value);</p> <p><input type="checkbox"/> Withdraw partial sum of \$ _____</p> <p>Select One of the following options:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pay to me, the Participant, or <input type="checkbox"/> Direct Rollover as directed in Section E <p>Check here if you want this amount withdrawn first from one of the following contribution sources; If no election, withdrawal will be pro-rata:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Traditional After-Tax Contributions <input type="checkbox"/> Roth 401(k) Contributions
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Net Check Amount

If you elect a withdrawal (less than 100%) to be paid directly to you, the Participant, the dollar amount requested above will be withdrawn as a gross withdrawal **before** Income Tax Withholding unless the Net Check Amount box is chosen. See Section F for additional tax withholding information.

SECTION E: Direct Rollover Instructions (if applicable)

I have elected a Direct Rollover of my withdrawal to an eligible retirement plan or IRA as indicated below. Unless indicated otherwise, pay my Traditional After-Tax and/or Roth 401(k) Contributions directly to me. I understand that Traditional After-Tax contributions may only be rolled over to another 401(a) qualified plan, 403(b), or Traditional IRA, and that Roth 401(k) Contributions may only be rolled over to another plan with a Roth 401(k)/403(b) feature or a Roth IRA.

Rollover my Traditional (Non-Roth) Funds:

- To Eligible Retirement Plan, or IRA
- Include Traditional After-Tax Contributions

Rollover my Roth 401(k) Funds:

- To Eligible Retirement Plan (with Roth 401(k)/403(b) feature), or
- To Roth IRA

Account Number: _____

Plan Name: _____

Financial Institution: _____

Address: _____



SECTION F: Income Tax Withholding Instructions (See Special Tax Notice for additional information)

You should seek professional tax advice if you have any questions concerning your tax obligations. **If you have elected a withdrawal to be paid directly to you**, Federal Income Tax will be withheld, without exception, at the rate of 20%, so no federal income tax election is necessary. However, you must complete the section below regarding State withholding:

If your state of Residence is: **Your options for state tax withholding are:**

AR, IA, KS, ME, MD, MA, NC, OK, VT, VA	Since your distribution was subject to Federal Income Tax, these states require Mandatory State withholding based on the state's applicable minimum requirements. You may not opt out.
CA, DE, GA, OR	You may opt out of the mandatory state withholding by electing below: <input type="checkbox"/> I elect no state income tax withholding
AL, AZ, CO, CT, DC, HI, ID, IL, IN, KY, LA, MI, MN, MS, MO, MT, NE, NJ, NM, NY, ND, OH, PA, RI, SC, UT, WV, WI	You may elect voluntary state income tax withholding. You must provide a percentage or dollar amount to be applied for state tax withholding below: _____ % or \$ _____

SECTION G: Participant Authorization *Note: Mandatory Distributions do not require Participant Signature*

I hereby consent to the payment indicated in this form. I acknowledge that I have read and understand the Special Tax Notice. Since this distribution is eligible for rollover, I understand it is subject to mandatory 20% Federal Income Tax withholding. I have reviewed and understand both the State Income Tax withholding section and the Full Disclosure Statement, as applicable to my state.

IMPORTANT NOTICE: PLEASE NOTE THAT A DISTRIBUTION IS A TAX REPORTABLE EVENT THAT MAY NOT BE REVERSED.

Participant's Signature _____

Date _____

**** PARTICIPANT MUST SUBMIT THIS DOCUMENT TO PLAN ADMINISTRATOR FOR COMPLETION ****
**** THE HARTFORD CANNOT ACCEPT THIS INSTRUCTION WITHOUT PLAN APPROVAL ****

SECTION H: Plan Administrator or Authorized Representative: Please complete the following information (as applicable) for submission to The Hartford:

Provided the form includes vesting information and the plan's third party administrator's initials, 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.

This is a **Mandatory Distribution** in accordance with the terms of the plan; disregard if the vested balance, including rollovers, is greater than \$5,000. If a direct rollover is elected, I certify the Plan has entered into an agreement with the IRA provider identified in Section E to receive this mandatory distribution.

Final Payroll Deduction Date:	Date of Hire:	Vesting %: Profit Sharing	Vesting %: Employer Match	Vesting %: Other	TPA Initials:
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Plan Administrator Name (please print) _____

Plan Administrator's Signature _____

Date _____

Instructions for submission of paperwork once completed and signed by the Participant and Plan Administrator, and initialed by the TPA: Fax to 860-843-6100 or mail to The Hartford, P.O. Box 1583, Hartford, CT 06144-1583.

Please note that forms should not be forwarded to The Hartford for processing if the request has already been processed by the TPA via Hartford On-line. Duplicate requests for distribution, such as a fax followed by a mailed original or on-line processing, may result in multiple distributions. The Hartford will not be responsible for any gain/loss or charges that arise from multiple submissions.

Hartford Home Office Use Only: Special Instructions