

Minimum Required Distribution 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:

This request must be received in good order at least five business days prior to the applicable distribution deadline.

SECTION B: Amount of Minimum Required Distribution (paid directly to me, the Participant)

I elect the Minimum Required Distribution Amount of \$ _____ to be withdrawn on a pro-rata basis from all sources and investment options. This amount will be made payable to me and mailed to the address as listed above.

If you are requesting ONLY the Minimum Required Distribution to be withdrawn at this time, proceed directly to Section E and complete income tax withholding information.

SECTION C: Additional Distribution paid directly to me, the Participant (withdrawn after the Minimum Required Distribution is processed and if permitted by your Plan)

In addition to the Minimum Required Distribution, I request a withdrawal of \$ _____ to be paid directly to me and mailed to the address as listed above. Please indicate the reason for distribution:

I have Normal Retirement Age Terminated Employment

Review Section F for income tax withholding information. Since an amount paid directly to you in excess of the Minimum Required Distribution represents an eligible rollover, mandatory 20% federal income tax will be withheld.

SECTION D: Direct Rollover to Eligible Retirement Plan or IRA (if permitted by your Plan)

I elect a Direct Rollover of \$ _____ or _____% of the remaining vested account balance (determined after any amounts requested in Sections B and/or C above). Please indicate the reason for distribution:

I have Normal Retirement Age Terminated Employment

NOTE: Minimum Required Distribution payments may not be rolled over. 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 E: Income Tax Withholding Instructions for Minimum Required Distribution (from Section B)

As a Minimum Required Distribution is not eligible for rollover, withholding is not mandatory, but we are required to apply 10% withholding unless you elect otherwise. If you elect not to have Federal Income Tax withheld, 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.

10% Federal Income Tax and applicable State withholding will apply by default unless you elect otherwise below:

- I do not want Federal or State Income Tax withheld from my withdrawal
- I elect Federal Income Tax withholding of _____% and Additional Withholding of \$ _____

If your state of Residence is

Your options for state tax withholding are:

IA, KS, ME, MA, NC, OK, VT, VA	If you elected Federal Income Tax to be withheld, these states require Mandatory State withholding based on the state's applicable minimum requirements. You may not opt out.
AR, 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, MD, 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 F: Income Tax Withholding Instructions IF you elected additional direct payment (from Section C)

You should seek professional tax advice if you have any questions concerning your tax obligations. **If you have elected a withdrawal in excess of your Minimum Required Distribution be paid directly to you**, Federal Income Tax is required to be withheld 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: Minimum Required Distributions ONLY may be made without the Participant's Signature

I hereby consent to the payment indicated in this form. I understand that the Minimum Required Distribution is not eligible for rollover and that 10% Federal Income Tax withholding will apply unless I elect otherwise in Section E. Additionally, if I have elected an additional payment that exceeds my Minimum Required Distribution, I acknowledge that I have received the Special Tax Notice, and that there will be mandatory 20% Federal Income Tax withholding (Section F) on the portion that was payable directly to me. I also acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state.

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

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. 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 Consent forms that may be required by ERISA and the Internal Revenue Code. The Hartford is directed to make the withdrawal of the required Minimum Required Distribution amount regardless of whether the Participant's signature is included above.

Date of Hire:	Date Term:	Vesting %: ER Match	Vesting %: Profit Sharing	Vesting %: Other	TPA Initials:
---------------	------------	---------------------	---------------------------	------------------	---------------

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