

Rollover Submission Form

Group Number:	Social Security Number:	
Employee Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last:	First:	M.I.
Address:		
City:	State:	Zip:
Plan Name:	Prior Plan Name:	

Step 1

ROLLOVER ELIGIBILITY – Your current Plan Administrator will need to verify that you are eligible to make a rollover contribution and that the amount to be rolled over to the Plan is an eligible rollover distribution under the terms of the Plan and the Internal Revenue Code. See your Plan Administrator for more information. If the rollover is allowed, please complete this form and, if you have not already done so, contact your Prior Plan Administrator or IRA provider to initiate the distribution process.

Prior Plan Type (Check applicable plan type):

401 Qualified Plan

Check here if the 401 Plan rollover will include **employee "after-tax" contributions***

Check here if the 401 or 403(b) Plan rollover will include **designated Roth contributions****

403(b) Plan

Governmental 457(b) Plan

Traditional IRA, including a SEP IRA

SIMPLE IRA***

*Documentation from the prior plan to evidence the amount of after-tax contributions must accompany the rollover, otherwise all amounts received will be recorded as tax deferred.

**Documentation from the prior plan to evidence the amount of after-tax and/or designated Roth contributions and, if applicable, the date of the first Roth contribution must accompany the rollover, otherwise all amounts received will be recorded as tax deferred.

***Available for amounts not subject to Section 72(t)(6) of the Internal Revenue Code, i.e. must satisfy the two-year holding period.

Step 2

ENROLLMENT – If you are not yet enrolled in the Plan or have yet to provide investment instructions to Hartford Life Insurance Company, you must complete the following forms (detach from your Hartford Enrollment Kit or request a copy from your Plan Administrator) and submit them to your Plan Administrator for approval:

– **Enrollment form**

– **Beneficiary Designation form**

NOTE: If your Plan offers electronic enrollment, please log on to HartfordOnline.

EMPLOYEE AUTHORIZATION – I participated in the Prior Plan, an eligible retirement plan as described in Section 402(c) of the Internal Revenue Code.

I request that benefits accrued under the Prior Plan be credited to my Plan account under the group number above as a rollover contribution. I understand that if I am currently enrolled in the Plan, my rollover contribution will be allocated among the investment options based upon my current investment elections. I understand that I may change my current or future allocation instructions at any time under the Plan's procedures. I understand that if I am not currently enrolled in the Plan, I must enroll in the Plan and submit a Beneficiary Designation Form as described above.

I also understand that if I fail to establish investment elections, the rollover contributions to be allocated to my account per this Form may be invested as directed by the Plan Administrator.

Employee's Signature (Required)

_____/_____/_____
Date

PLAN ADMINISTRATOR AUTHORIZATION – As the Plan Administrator, I certify that the employee is eligible to make a rollover contribution to the Plan. On behalf of the Plan, I accept the eligible rollover distribution from the Prior Plan as instructed in this request. I certify that I have obtained any Beneficiary Designation and Spousal Waiver Consent forms that may be required by the terms of the Plan.

Plan Administrator Signature (Required)

_____/_____/_____
Date

Rollover Submission Form not valid without both Employee and Plan Administrator Signatures

Please retain a copy for your records

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Step 3

REQUEST THE BENEFIT CHECK – If you have not done so already, complete any applicable withdrawal forms and submit them to your Prior Plan Administrator or IRA provider. For a direct rollover, please provide your Prior Plan Administrator or IRA Provider with the following information:

Checks should be made payable to:

Hartford Life Insurance Company
FBO (Your Name, Social Security Number, and Hartford Group Number)

Checks should be mailed to:

Hartford Life Insurance Company
Retirement Plans Group
P.O. Box 1583
Hartford, CT 06144-1583

Step 4

SUBMISSION – Once you have completed the enrollment process, submit the following forms to Hartford Life Insurance Company using the mailing address above:

- **This Rollover Submission Form**
- **If you are not already enrolled, an Enrollment Form**
- **If you have already received the check directly or are making an indirect rollover**, a check for the rollover made payable as noted above. If this is an indirect rollover, please note that, absent an IRS approved waiver, an indirect rollover must be completed within 60 days of an eligible rollover distribution. Refer to the withholding tax notice or your tax professional for more information.

Questions? The following Hartford resources are available:

- **HartfordOnline**—<http://retire.hartfordlife.com> (for enrolled participants only)
- **The Hartford's automated voice system– 1-800-339-4015**
 - **Interactive voice response system available 24/7**
 - **Customer Service Specialists available Monday through Thursday, 8:00 a.m. to 7:00 p.m. and Friday, 8:00 a.m. to 6:00 p.m. Eastern Time, excluding holidays**

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