

**PENSION ADMINISTRATOR AUTHORIZATION FORM
FOR DEDUCTION OF PLAN FEES**



Group Number _____

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

Pursuant to my elections below, I direct the expenses of the Plan (other than Hartford Life fees) so listed to be deducted automatically from the Plan and paid to the Pension Administrator at the end of each calendar month, quarter, or upon the occurrence of the designated event. Amounts deducted will be recorded against participant accounts in the manner I have indicated. (For information on Plan expense deduction, please see your most current Administrative Services Agreement in effect on 01/01/2001.)

Type of Fee	Flat Fee Amount	Effective Date
Loan Issuance Fee ¹	\$ _____	Loans Issued on or after the first day of _____ (Month/Year)
Distribution Issuance Fee ^{2*} Partial Withdrawal	\$ _____	Distributions Issued on or after the first day of _____ (Month/Year)
Total Distribution	\$ _____	
Annual Loan Maintenance Fee ^{3**}	\$ _____	Loans In effect on the calendar quarter ending _____
Annual Plan Administration Fee ³ Choose One <input type="checkbox"/> Divided /allocated by number of participants. <input type="checkbox"/> Divided /allocated by participant account balances.	First Year \$ _____ Ongoing \$ _____	For the calendar quarter ending _____
Annual Per Participant Fee ³ Choose flat amount or percentage of assets:	\$ _____	For the calendar quarter ending _____

1. Deduct fee from the participant's account balance at the end of the month in which a loan was issued.
2. Deduct fee from the participant's account balance at the same time as any distribution is so deducted and paid at the end of each calendar month.
3. Deduct fee from participant account balance at the end of each calendar quarter.

*Distribution Issuance Fee can not be assessed on Mutual Fund Plans.

**Annual Loan Maintenance Fee can not be assessed on Plans set up for Automated Loans.

Authorization

I direct Hartford Life to pay to the Pension Administration Firm the above-referenced fees at the end of the month in which they are deducted from the group variable annuity contract. I understand and agree that these fees may be deducted prior to the end of the month and held in Hartford Life's general business account until paid to the Pension Administration Firm. I further understand and agree that Hartford Life seeks to invest amounts held in its general business account at prevailing short term market rates, and that Hartford Life will retain any earnings that may be credited to the account and that it intends to use such earnings to offset the expenses of associated activities. As authorized plan fiduciary, I certify that I have read and understand the information contained herein. I direct Hartford Life Insurance Company to automatically deduct from the Plan those expenses (other than Hartford Life fees) listed above, and to pay such amount directly to the Pension Administrator in such manner as indicated on this form. I hereby represent that such deduction is authorized under the terms of the plan and, if applicable, the terms of the plan loan agreements. I understand that, to be effective, both an electronic funds transfer arrangement must be in place with the Pension Administrator and this form must be received in good order by Hartford Life at its offices in Simsbury, Connecticut at least one business day before the earliest effective date. This direction continues until revoked in writing and does not affect any existing arrangement for the deduction on payment of Hartford Life fees. I certify that the requested payments/withdrawals are made solely to pay Plan expenses. I have determined in my fiduciary capacity that the service requested is necessary and provided at a reasonable expense to the Plan. I understand that it is the Plan Administrator's responsibility to report all fees for services on the Internal Revenue Service (IRS) Form 5500, Schedule C, or other applicable Form 5500 filing.

Name	Signature X	Date
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Please mail this form to:

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

FOR HL USE ONLY:

EFT VERIFIED:

_____ Date

_____ Name