



Plan ID Number:

RDISTRIB

# The Hartford Recordkeeper Plus Distribution Authorization Form

NAME OF PLAN \_\_\_\_\_ PLAN CONTACT \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

## EMPLOYER COMPLETES ALL SECTIONS EXCEPT SECTION 2 (FOR SERVICE PROVIDER)

### 1 Participant Information

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name *(please print)* \_\_\_\_\_      Date of Hire \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_      State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_      Evening Phone \_\_\_\_\_

### 2 Service Provider Information and Vesting Certification

Name of Service Provider \_\_\_\_\_  
Person to Contact \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Vested Percentage: Match \_\_\_\_\_% Profit Sharing \_\_\_\_\_% Other (specify) \_\_\_\_\_%

#### Service Provider Vesting Certification

I certify that the vested percentage(s) listed above are correct.

\_\_\_\_\_  
Service Provider Signature      Date

\_\_\_\_\_  
Print Name      Title

Note: *All forfeited amounts will automatically be transferred to the Plan's forfeiture account.*

### 3 Distribution Reason

Please check one:

Termination of Employment    Retirement    Death (Complete Section 7)    Total Disability  
Date of Termination, Retirement, Death, or Disability: \_\_\_\_\_    Plan Termination

Hardship Withdrawal    In – Service Withdrawal    Loan    Forfeiture

Note: Complete Section 5 if the distribution was Hardship Withdrawal, In – Service Withdrawal, Loan, or Forfeiture. Also complete Section 6 if the distribution reason was Hardship Withdrawal or for payment to a nonspouse beneficiary (that is not being directly rolled over) and you wish to authorize federal tax withholding.

## Payment Election Options

If the participant has separated from service and there is an **unpaid loan balance**, please check **one** of the following. If no box is checked, the loan will be offset.

- Offset Loan     Rollover Loan (Available only if the loan is rolled over to an eligible employer – sponsored plan that accepts loan rollovers. The loan must be set up in the successor plan and the participant must continue to make payments.)

### CHOOSE *ONE* OF THE FOLLOWING 4 OPTIONS FOR THE NON-LOAN PORTION OF THE PARTICIPANT'S ACCOUNT BALANCE.

**Note:** State tax withholding is mandatory in certain states when federal taxes are withheld. As of the date of the last printing of this form the list of states included Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, and Virginia. The list of states may be revised from time to time as a result of changing legislation.

**LUMP SUM PAYMENT (1)** Pay 100% of the vested account balance or the withdrawal amount elected in Section 5 to the participant or beneficiary, as applicable, in a lump sum. The taxable amount of this distribution (including an unpaid loan offset by the participant's vested account balance at the time of distribution) is subject to mandatory 20% Federal tax withholding and may also be subject to state income tax withholding, as applicable (except for hardship withdrawals and non-spouse beneficiary death benefits, which are subject to "voluntary" federal tax withholding – see Section 6).

**DIRECT ROLLOVER TO AN IRA or PLAN (2)** Directly roll over 100% of the participant's vested account balance or the withdrawal amount elected in Section 5 to an  IRA or  eligible employer – sponsored retirement plan. This option is not available for hardship withdrawals or for a payment to a nonspouse beneficiary except if the rollover is to an "inherited IRA". Please provide the name of the plan (if the roll over is to a retirement plan rather than an IRA) and the name of the trustee or custodian below:

Trustee/ Custodian \_\_\_\_\_ Plan Name \_\_\_\_\_

The assets will be liquidated and a check made payable to the new trustee or custodian will be sent to the participant's address of record unless otherwise requested. **A signature guarantee is required to mail the check to an address other than that of record (please see Section 8).**

**ROTH NOTE:** If you are authorizing a rollover of a Roth Deferral or Roth Rollover Account, you must be sure that the successor has opened a Roth IRA for the participant or beneficiary. If you wish for your Roth Deferral or Roth Rollover to be rolled over to a different IRA or Plan please list below:

Trustee/ Custodian \_\_\_\_\_ Plan Name \_\_\_\_\_

**DIRECT ROLLOVER TO AN IRA or PLAN AND PARTIAL LUMP SUM PAYMENT (3)** Directly roll over \_\_\_\_\_% or \$ \_\_\_\_\_ of the participant's vested account balance or the withdrawal amount elected in Section 5 (below) to an  IRA or  eligible employer – sponsored retirement plan and pay the balance to the participant in a lump sum. The mandatory 20% Federal and any applicable state income taxes will be withheld from the taxable amount of any eligible rollover distribution that is not rolled over (including an unpaid loan offset by the participant's vested account balance at the time of distribution). The option to rollover is not available for hardship withdrawals. Death benefit payments made to non-spouse beneficiaries are not subject to mandatory 20% Federal tax withholding if not directly rolled over (as these payment are subject to "voluntary" federal tax withholding – see Section 6), but any direct rollover must be made to an "inherited IRA".

Trustee or Custodian \_\_\_\_\_ Plan Name \_\_\_\_\_

**ROTH NOTE:** If you are authorizing a rollover of a Roth Deferral or Roth Rollover Account, you must be sure that the successor institution has opened a Roth IRA.

**PARTIAL LUMP SUM PAYMENT AND DIRECT ROLLOVER TO AN IRA or PLAN (4)** Pay \_\_\_\_\_% or \$\_\_\_\_\_ of the participant's vested balance in a lump sum and directly roll over the remaining balance to an  IRA or  eligible employer – sponsored retirement plan. The mandatory 20% federal and any applicable state income taxes will be withheld from the taxable amount of any eligible rollover distribution that is not rolled over (including an unpaid loan offset by the participant's vested account balance at the time of distribution). The option to rollover is not available for hardship withdrawals. Death benefit payments made to non-spouse beneficiaries are not subject to mandatory 20% Federal tax withholding if not directly rolled over (as these payment are subject to "voluntary" federal tax withholding – see Section 6), but any direct rollover must be made to an "inherited IRA".

Trustee or Custodian \_\_\_\_\_ Plan Name \_\_\_\_\_

**ROTH NOTE:** If you are authorizing a rollover of a Roth Deferral or Roth Rollover Account, you must be sure that the successor institution has opened a Roth IRA.

**Note if there are After-Tax or Roth contributions in the participant's account:** If you indicated a direct rollover option above, keep in mind that not all IRAs or employer – sponsored retirement plans accept after-tax or Roth contributions. If you want a separate check representing the balance of your after-tax contributions or the balance of your Roth deferrals and Roth rollovers to be sent to you (in which case no after-tax portion or Roth portion of your account will be rolled over), please check the appropriate box:  Issue a separate check to the recipient representing after-tax contributions.  Issue a separate check to the recipient representing Roth 401(k) deferrals and/ or Roth rollovers.

**Note to Brokerage Access Clients Only:** You and the participant or beneficiary are responsible for transferring funds from the brokerage account, if applicable, to The Hartford participant account prior to the processing of a distribution. The Hartford will not automatically transfer the funds from the brokerage account.

## 5 Distribution Instructions

### A. Distribution Instructions

Complete this section for all in-service withdrawals, hardship withdrawals, loans, and forfeiture distributions, and for any other partial distributions. (See below for withholding instructions for hardship withdrawals.)

**Amount of Distribution:** \$ \_\_\_\_\_

Please pay the distribution according to one of the following methods:

1. Pro – rata from the participant's current fund elections and contribution types (check exceptions below, if applicable)

2. (Skip if you checked option "1" above). Liquidate the amount indicated above by contribution types/ investment options as follows (amounts will be withdrawn from all funds from the contribution type unless you indicate specific funds in the last column):

Amount	Contribution Type	Fund Name (Optional)
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

### LOANS

Principal Amount \$ \_\_\_\_\_ Interest Rate % \_\_\_\_\_ First Payment Date \_\_\_\_\_ Mortgage Loan Y/N \_\_\_\_\_

Number of Payments \_\_\_\_\_ Payment Frequency \_\_\_\_\_

**6**

**Withholding Instructions**

**Voluntary Federal Tax Withholding Authorization**

**Complete this section only if you are requesting a hardship withdrawal or for a payment to a non-spouse beneficiary.**

The taxable portion of a rollover-eligible distribution (including an unpaid loan offset by the participant’s vested account balance at the time of distribution) is subject to mandatory 20% federal tax withholding (and applicable state tax withholding), unless the distributed amount is in fact rolled over.

**If this section is left blank and you are requesting a hardship withdrawal or a payment of a death benefit to a non-spouse beneficiary, 10% of the taxable portion of the distribution will be withheld for federal taxes. Residents of certain states (see list below) will also have state taxes withheld if federal taxes are withheld.**

Note that a voluntary withholding election cannot be made involving accounts for which a name and/ or tax identification number (TIN) is incorrect or missing. See *IRS Publication 1586* for further details.

Withhold \_\_\_\_\_% (generally, 10%) or \$\_\_\_\_\_ Federal income tax from the taxable amount of the hardship withdrawal or distribution to the non-spouse beneficiary. If the recipient is a resident of Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, or Virginia, also withhold the applicable state tax (this list of state is subject to change due to changing state legislation).

**7**

**Death (Signature Guarantee of Authorized Signer is Required in Section 9)**

Estate Tax Identification Number (TIN) of Deceased Participant: \_\_\_\_\_

*(Please complete TIN for tax reporting purposes. You will need to obtain this TIN from the executor or administrator of the estate)*

Please provide the following information for each of the deceased participant’s beneficiaries:

Name and Address of Beneficiary	SSN, Relationship, Date of Birth	Percentage of Death Benefit
_____ _____ _____	SSN _____ Relationship _____ DOB _____	<input type="checkbox"/> 100% Other: _____%
_____ _____ _____	SSN _____ Relationship _____ DOB _____	_____%

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**8 Payment Policies**

- All distributions will be made payable to the participant/ beneficiary or to the trustee/ custodian of an IRA or eligible employer - sponsored retirement plan and will be mailed to the participant or beneficiary except in the case of disability, hardship, in – service withdrawals, and loans, when it will be mailed to the plan sponsor.
- Loans that are unpaid at the time of termination of employment will become due and payable and will be paid back from the participant’s vested account balance (offset) unless the appropriate box at the top of Section 4 is checked. Loans that are unpaid at the time of the participant’s death will be payable from the participant’s vested account balance and will be offset.

If special mailing instructions are required, please give specific direction below. If you request the check to be mailed to an address other than the address of record, a signature guarantee in Section 8 is required. Also, if the distribution is to be made to a beneficiary, a signature guarantee is required.

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## Employer Approval, Authorization, and Certification

I, as Authorized Signer of the plan named above, certify that (1) the address in the Participant Information section above and, if applicable, the beneficiary's address in Section 7 are the participant's or, if applicable, beneficiary's current address of record, and I authorize Hartford Retirement Services, LLC (the 'Recordkeeper') to update its records, if necessary, to reflect this address; (2) this distribution is in accordance with the terms of the plan; (3) the plan administrator has provided the participant or beneficiary with a written explanation of the rules permitting direct rollover of eligible rollover distribution amounts to an eligible retirement plan and mandating 20% withholding on distributions that are not directly rolled over (other than distributions to non-spouse beneficiaries), and has also complied with any other notice requirements applicable to this distribution; (4) all the distribution amounts that are being directly rolled over are eligible rollover distributions and are being rolled over to an eligible retirement plan that will accept them; (5) if the distribution authorized is one for which voluntary federal tax withholding (and any applicable state tax withholding) is applicable, the Recordkeeper is entitled to rely on my authorization for federal tax withholding and any applicable state tax withholding, and may rely on my representation that when no federal taxes are authorized to be withheld, the distributee has so indicated this election to the Employer; (6) I acknowledge that this form does not constitute a delegation by the plan administrator of, and the plan administrator has not otherwise delegated, its income tax withholding duties and liabilities under section 3405 of the Internal Revenue Code of 1986, as amended, to the Recordkeeper and that the Recordkeeper is acting as independent contractor of the plan administrator or Service Provider in making payments in accordance with these instructions. I also agree to indemnify and hold harmless the Recordkeeper and its affiliates, and their respective officers, directors, shareholders, affiliates and agents from and against any loss, liability, cost or expense (including, without limitation, counsel fees and expenses in connection with the contest or settlement of any claim) that any one or more of them might incur or sustain, or discover that they have incurred or sustained, howsoever they arise, by reason of any claim which may be made against any of them in connection with or as a result of this distribution.

\_\_\_\_\_  
**Authorized Signer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

**A Signature Guarantee is required if (i) the redemption is larger than \$100,000; (ii) the check is to be paid to a person or entity other than the participant (e.g. the beneficiary); or (iii) the check is to be mailed to an address other than that of record (either the participants' or the plan sponsor's) on the recordkeeping system. Please make sure the signature guarantee covers the amount of the assets in the account.**

Signature(s) ***must be guaranteed*** by an eligible bank, broker, dealer, credit union, national securities exchange, registered securities association, clearing agency or savings association. Signature guarantees will be accepted in accordance with policies established by Hartford Retirement Services, LLC and its affiliates.

Guarantor please note the proper form for execution is:

<p>SIGNATURE GUARANTEED</p> <p>_____  Name of Eligible Guarantor Institution</p> <p>BY: _____  Signature of Authorized Person</p>
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***AFFIX GUARANTEE HERE***

Please complete, sign, date, and return this form to:

Regular Mail:

The Hartford  
Qualified Plan Services  
P.O. Box 55274  
Boston, MA 02205-5274