

# Automatic Income Program Enrollment Form for Variable Annuity Contracts

[not for use with 403(b) plans]



Use this form if you want to

- systematically withdraw money from your variable annuity contract.

Please note, this form may not be faxed to The Hartford. Only original requests will be honored. Additionally, any missing information required on this form may result in the request being considered not in good order.

Do not use this form if you want to:

- request a Required Minimum Distribution. Please complete the *Required Minimum Distribution Request form*.
- request a one-time full or partial surrender. Please complete the appropriate *Variable Annuity Surrender Request form*.
- request systematic surrenders under a IRC 72(t)/(q) program. Please complete the *72(t)/(q) Enrollment form*.
- request a systematic surrender from a 403(b) plan. Please use the *Automatic Income Program Enrollment Form for Variable Annuity 403(b) Contracts*. All forms are available online at [www.hartfordinvestor.com](http://www.hartfordinvestor.com).
- request to commence Personal Pension Account Payouts. Please complete the PPA Payout request form.

## Questions?

Clients  
Call 1-800-862-6668

Investment Professionals  
Call 1-800-862-7155

Online  
[www.hartfordinvestor.com](http://www.hartfordinvestor.com)

### Important Information

Partial surrenders in excess of permissible withdrawal limits can severely affect living and/or death benefit riders under your contract. Excess partial surrenders, including those made under an RMD or 72(t)/(q) program that exceed permissible withdrawal limits will reduce your benefits on a proportional basis rather than by the dollar amount surrendered. This transaction will lock in your annual available withdrawal percentage if your rider provides for increased withdrawals based on your willingness to defer taking your first partial surrender. See your prospectus and contract rider for more information on withdrawal limits under certain Optional benefit riders.

Do not complete this request without discussing it with your Investment Professional and reviewing your product prospectus and contract.

Please note under certain optional benefit riders, taking a partial Surrender within the first 5 years from the rider effective date will limit your Withdrawal Percentage. Please refer to the current prospectus or speak with your Investment Professional to verify if this enrollment will best suit your financial goals.

The Hartford recommends that you consult with your Investment Professional or a qualified tax advisor for any questions regarding surrenders from your retirement plans. Your contract allows an amount to be surrendered each contract year without a Contingent Deferred Sales Charge (CDSC). This annual surrender amount is based on total premium payments and contract provisions. Surrenders that exceed the annual surrender amount may be subject to CDSC.

The Hartford enforces the minimum amount rule on all Hartford variable annuity contracts. If the scheduled surrender results in a contract value below the minimum, The Hartford will close the contract. A check will be mailed for the full surrender value less applicable contingent deferred sales charges, state and federal taxes to the address of record of the primary contract owner.

The minimum surrender amount per frequency is \$100. The surrender amount will remain unchanged regardless of any subsequent transaction processed on the contract. Any changes to this surrender amount, in excess of the free withdrawal amount, must be requested in writing.

Please review your prospectus or speak with your Investment Professional if you need any additional clarification or information on the terms used in this form.

For Nonqualified contracts, if you are requesting a rollover or 1035 exchange to another financial institution you must complete the appropriate form from that institution.

## Section A - Contract owner information (you must complete this section)

Existing/pending contract number	Contract owner's telephone number (area code first)	Best time to call <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Contract owner's name	Contract owner's Social Security or Tax Identification Number	
Joint contract owner's name (if applicable)	Joint contract owner's Social Security Number (if applicable)	
Contract owner is a <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	Contract owner's e-mail address	

## Section B - Surrender amount (you must complete this section)

**Important note:** See your current prospectus for more information regarding surrender limits allowed under certain optional benefit riders to ensure that you do not exceed permissible limits and for any other information on the optional rider you have elected.

Please withdraw (check one option only) *Please see Page 1 "Important Information."*

- My Guaranteed Annual Withdrawal Amount provided under my optional rider, each occurrence based on the frequency elected in Section C\*

If you choose this option your surrender amount is calculated based on your current rider values at the time of setup. While your available Guaranteed Annual Surrender Amount may change under certain circumstances (refer to your prospectus for details), any increase or decrease to these values will not be reflected in your Automatic Income Program unless you initiate a change. You must request increases or decreases to your Automatic Income Program enrollment. If you do not initiate a change, you may violate the terms of your rider.

NOTE: The below options may reset your rider.

- the maximum annual surrender amount not subject to a Contingent Deferred Sales Charge
- a specified amount of \$\_\_\_\_\_ each occurrence based on the frequency elected in Section C
- GROSS - applicable taxes and/or fees will be deducted from the dollar amount above resulting in a lower net check.
- NET - applicable taxes and/or fees will be deducted from the account resulting in a higher gross surrender amount.

- each contract year, a percentage of the total premiums invested in the contract (please specify the percentage in the box)  %
- This percentage will be based on the total premiums as of the date the Automatic Income Enrollment program is established. If subsequent payments are received, you must request an increase to your Automatic Income Program.

Please be advised that once an AIP enrollment is established, partial surrenders submitted at a future date may exceed allowed rider amounts resulting in a recalculation of future benefits. Please see Page 1 "Important Information."

## Section C - Frequency of scheduled surrenders (you must complete this section)

Please process my withdrawals (check one option only)

- monthly **or**  quarterly **or**  semi-annually **or**  annually

You may elect a specific date for the surrenders from your contract. Please allow 30 days from the date you will mail this form for The Hartford to establish your program. If the process date for your surrender falls on a weekend or holiday, the surrender will occur on the following business day. If your requested start date has already passed, The Hartford will automatically establish your program to start the following month using the day of the month you request below.

Please note, at least five days must separate the below selected start date from your Contract Anniversary date and the run date of any other active enrollment program (e.g. Asset Allocation, Dollar Cost Averaging, and InvestEase). If you elect to have your money sent via Electronic Funds Transfer, please keep in mind that it may take 2-3 business days for the funds to appear in your account.

Date (mm/dd/yyyy)

Please process my first surrender on:

If no date is indicated, the default surrender date for each cycle (e.g., monthly, quarterly, etc.) will be the next available business day.

**Section D – Surrender instructions (you must complete this section)**

Please note, if a specified investment choice does not have an adequate balance to make a scheduled payment, we will automatically change your program so that the scheduled payment will be deducted pro-rata from all active investment choices, unless you instruct us otherwise. Your payment may be delayed if your program is required to be changed.

The source for any Dollar Cost Averaging Plus Program transfers will not be included in the Automatic Income Program payment.

If you have The Hartford's Lifetime Income Portfolios or The Hartford's Return of Premium rider, all surrenders must be taken pro-rata across all funds. Surrenders not taken in this manner will have a negative impact to your optional rider, please refer to prospectus and contract for details.

I want my money surrendered (if no option is selected, funds will be surrendered proportionately from all investments)

proportionately from each of my active investment options (pro rata) **or**

*Please Note:* Any payments surrendered proportionately will exclude the Personal Pension Account.

as specified in the table below (please list the investment options and the amount to be surrendered from each option)

Name of investment	Amount to surrender	Percent to surrender*
	\$ _____ <b>or</b> _____%	
	\$ _____ <b>or</b> _____%	
	\$ _____ <b>or</b> _____%	
	\$ _____ <b>or</b> _____%	
	\$ _____ <b>or</b> _____%	
		<b>Total 100%</b>

\* We will only accept whole percentages (e.g. 50%, 67%, etc.)

**Section E - Mailing instructions (you must complete this section \*)**

\*Please note if your annuity contract is owned by a custodian or an employer (457, 401(a), 401(k) or pension/profit sharing plan) you do not have to complete this section. We send a check for surrenders from custodially owned contracts, 457 or pension/profit sharing plans to the contract owner, trustee or custodian at the address we have on file. Reminder: a Transfer is from an IRA to an IRA, and a Direct Rollover is from a Qualified plan (i.e. 401(k), 403(b), Qualified Annuities) to an IRA.

If you elect to have your money sent via Electronic Funds Transfer, please keep in mind that it may take 2-3 business days for the funds to appear in your account.

How would you like us to send your money? Please note that checks cannot be made payable to a third party unless the transaction is a rollover, transfer or 1035 exchange.

Mail a check - Please complete #1 below and then go to Section F.

Transfer or roll over the money directly to another qualified plan - Please complete #2 below and then go to Section G.

Electronic Funds Transfer (EFT) the money (EFT can only be sent to your personal checking or savings account) - Please complete #3 below and then go to Section F.

1. Deliver my check to the following address:

Mailing address		
City	State	Zip Code

Check here if you would like us to update your mailing address to the one above (signature required below).

Contract owner, Custodian, Trustee, POA signature authorizing the above address change	Date (mm/dd/yyyy)
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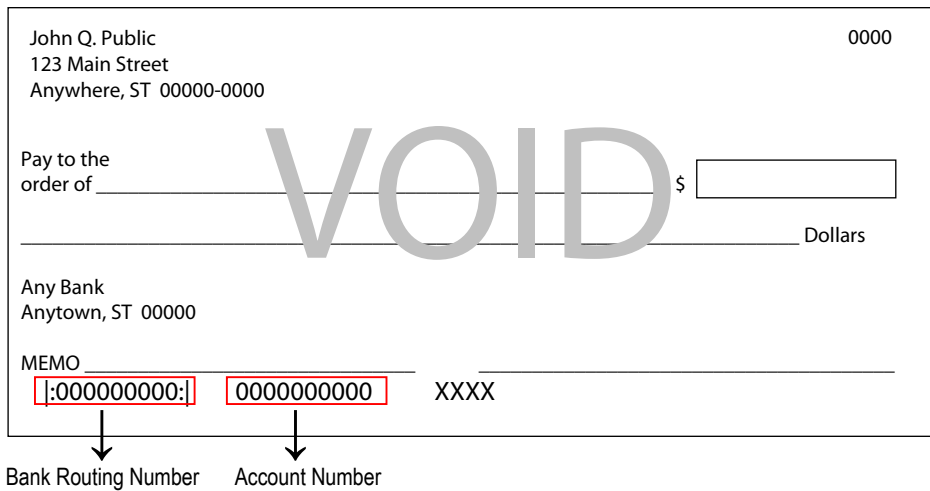
2. Transfer or roll over the money directly to the following qualified plan

New carrier's name	Contract/certificate/account number	
Mailing address		
City	State	Zip Code

3. Electronic Funds Transfer (EFT) the money to my personal checking or savings account

Name of financial institution	Type of account at financial institution <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Mailing address		
City	State	Zip Code
Payee Name (must be account name)		
Checking account number at financial institution	ACH/Transit Routing Number (must be 9 digits - attach a voided check or deposit slip)	

Attach voided check below. Please use tape instead of staples.



Note regarding EFT: If you are selecting a checking account as the destination for your surrender, you **must** include a copy of a voided check with this request. If selecting a savings account as the destination for your surrender, you must include a copy of a voided deposit slip with this request. Failure to provide this information may cause your surrender to be delayed. The information provided in this section may be verified with your financial institution prior to sending surrenders electronically. This verification may cause the first surrender to be sent to your financial institution via paper check.

**Section F – Income tax withholding (you must complete this section \*)**

\*This section is not applicable for custodially-owned, employer-owned 401(a)/401(k), pension/profit sharing, and 457 plans. The custodian, trustee, or plan administrator is responsible for income tax reporting. Please go to Section G.

A full or partial surrender of your annuity generally results in taxable income to you in the year of distribution. Federal tax law requires us to report taxable distributions and generally requires income tax withholding. Please speak with your tax advisor for more information about what would be considered taxable income for you.

If you purchased more than one non-qualified contract with The Hartford during the same calendar year, we are required to combine the income from all contracts under federal tax rules. In other words, the distribution will be surrendered from the contract specified; however, all contracts purchased within the same calendar year will be treated as one for determining the taxable amount.

For Nonqualified annuity contracts, Revenue Procedure 2008-24 addresses the tax treatment of partial exchanges of annuity contracts. If this is a request for a partial exchange of an annuity contract, withdrawals or surrenders from either of the contracts involved in the exchange during the 12 months beginning on the date of the transfer will retroactively negate the tax-free exchange. Instead the transfer will be treated as a distribution from an annuity contract which could be subject to tax followed by a purchase of a new contract. There are certain exceptions to this general rule such as attaining age 59 1/2, becoming disabled, loss of employment or obtaining a divorce between the date of the transfer and the date of the surrender.

**Federal Income Tax Withholding** (Substitute W4-P: OMB No. 1545-0074)

Federal tax law requires us to withhold 10% of the taxable amount of your surrender request for lump sum payments unless you tell us not to. Even if you tell us not to withhold taxes, you may have to pay federal and state income taxes on the taxable portion of your surrender. You may also have to pay tax penalties if your estimated tax withholdings are not adequate. Your signature on this form acknowledges that you have read this information about income tax withholding and that the social security or taxpayer identification number that you wrote on this form is correct.

If you are a non-resident alien and you are requesting a reduced tax withholding rate, you must give us your Individual Taxpayer Identification Number (ITIN). You must also send us a completed IRS form W-8BEN to certify your foreign status. We will withhold 30% federal income tax from the taxable amount of your surrender if you are claiming reduced withholding under a tax treaty and there is no applicable tax treaty, or you do not provide us with an ITIN.

If no option is selected below, federal tax law requires us to withhold 10% of the taxable distribution.

For Federal Income Tax, please (check one option only - federal income tax cannot be withheld at 100%)

- do not withhold any money
- withhold 10%
- withhold the following amount \$ \_\_\_\_\_ or \_\_\_\_\_ % (must be whole percentages)

**State Income Tax Withholding**Mandatory Withholding

If you reside in one of the following states and federal income tax is withheld, state income tax withholding will apply: DE, IA, KS, ME, MA, NE, OK, VT and VA. In these states, you **may not** opt out of the mandatory state withholding. If you reside in one of the following states, you **may** opt out of the mandatory state withholding by electing 'do not withhold any money' below: AR, CA, GA, NC and OR.

Voluntary Withholding

If you reside in any of the following states, you may voluntarily elect state income tax withholding below: AL, AZ, CO, CT, DC, HI, ID, IL, IN, KY, LA, MD, MI, MN, MS, MO, MT, NJ, NM, NY, ND, OH, PA, RI, SC, UT, WV, WI. If no option is selected below, state income tax will not be withheld.

For State Income Tax, please (state income tax cannot be withheld at 100%)

- do not withhold any money
- withhold the following amount \$ \_\_\_\_\_ or \_\_\_\_\_ % (must be whole percentages)

If you elect state withholding but fail to provide a dollar amount or percentage to be withheld, we will withhold the "default" amount prescribed by your state. If you reside in a state that does not provide a "default" amount such as Delaware, Kansas or Massachusetts, we will automatically withhold at a rate of 5%.

## Section G - Please sign here (you must complete this section)

For Electronic Funds Transfer (EFT) Elections: I authorize Hartford Life Insurance Company and affiliated companies (hereinafter called The Hartford), to initiate credit entries (and to initiate, if necessary, debit entries and adjustments for any credit entries made in error) to my account indicated above and the Depository named above, hereinafter called Depository, to credit and/or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until The Hartford has received written notification from me of its termination in such time and in such a manner as to afford The Hartford and Depository a reasonable opportunity to act on it.

My signature below indicates that I have received the appropriate annuity contract prospectus and have authorized the Automatic Income Program as specified above. I agree to review the information on my statements carefully. All errors or corrections must be reported to The Hartford immediately to assure proper crediting to my contract. The Hartford reserves the right to discontinue, modify, or amend the program at any time.

If a Power of Attorney (POA) is signing on behalf of the contract owner, you must obtain a Medallion Signature Guarantee on this form and submit a copy of the POA agreement. This agreement must be current and meet the applicable state guidelines.

Contract owner's signature	Date (mm/dd/yyyy)	Title (Corporate, POA or Trustee)	Medallion Signature Guarantee (required for POA)
Joint contract owner's signature (if applicable)	Date (mm/dd/yyyy)	Medallion Signature Guarantee (required for POA)	
Investment professional name	Broker/Dealer financial institution name		Phone number (area code first)

### Have you...

- completed Section A and provided your telephone number in case we need to call you for additional information or to clarify your instructions?
- indicated a surrender amount in Section B?
- completed Section C and indicated your desired frequency of scheduled payments?
- provided surrender instructions in Section D?
- completed Section E to provide us with mailing instructions? Included a voided check for EFT to a checking account or a voided deposit slip for EFT to a savings account?
- completed Section F to provide us with income tax withholding instructions?
- signed and dated the form in Section G and received a Medallion Signature Guarantee if the Power of Attorney is acting on behalf of the contract owner? If there are joint owners on the contract, both must sign.

### For standard mail delivery, please mail this form to:

The Hartford  
Attention: Account Management  
P.O. Box 5085  
Hartford, CT 06102-5085

### For private express mail, please mail this form to:

The Hartford  
Attention: Account Management  
1 Griffin Road North  
Windsor, CT 06095-1512