

Variable Annuity Surrender Request

[not for use with 403(b) plans]



Use this form if you want to:

- request a full surrender of your Variable Annuity, or
- request a partial surrender of your Variable Annuity

This form may only be faxed for partial gross surrender requests of \$50,000.00 or less to 1-860-380-3280. Faxes are not allowed for full surrenders. Original paperwork is required for partial surrenders exceeding \$50,000.00 after any applicable charges and/or withholdings, and Direct Transfers or Rollovers.

Contact Information:

Online
www.hartfordinvestor.com

Clients
Call 1-800-862-6668

Investment Professionals
Call 1-800-862-7155

Do not use this form if you want to:

- request a surrender from your Personal Pension Account, please complete the Commutation Request form for Variable Annuities.
- request to commence Personal Pension Account Payouts. Please complete the PPA Payout request form.
- request a Required Minimum Distribution, please complete the Required Minimum Distribution Request form. All forms are available online at www.hartfordinvestor.com.
- request a 1035 exchange to another financial institution. You must complete the appropriate exchange forms required by the financial institution receiving the funds.
- request a surrender from a 403(b) plan. Please complete the Surrender Request Form for 403(b) plans.

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.

We will not honor a partial surrender request that asks to leave a specific dollar amount in the contract. We will only accept requests for an exact dollar amount, a percentage or a specific number of units. Requests received where the instructions are not clear and/or complete will not be considered in good order and will not be completed until clear and complete instructions are received.

Your contract details the maximum amount you can surrender from your annuity contract each year without paying sales charges.

Full Variable Annuity Surrender: A proportional Distribution Charge, if applicable to your contract, will be assessed on all premium deposits that have not satisfied the Distribution Charge schedule. Each premium deposit will have its own eight year Distribution Charge schedule.

Partial Variable Annuity Surrender: A proportional Distribution Charge, if applicable to your contract, will be assessed on all surrenders that exceed the Annual Surrender Amount for the contract year.

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

Contract Number		Annuitant's name (if different from the contract owner)	
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 or Tax Identification Number (if applicable)	
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 e-mail address	
Contract owner is a <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien			

Section B - Choose type of surrender (you must complete this section)

I want to surrender all of the money in my annuity (please go to Section G) or only part of the money in my annuity (please go to Section D).

Section C - Processing instructions (you must complete this section)

Process my surrender immediately or on the following date (must be within 30 days)

Section D - Instructions for surrendering part of the money

You must have a certain amount of money invested in your annuity at all times, as stated in your contract. If your annuity falls below this minimum as a result of a surrender request from you, we will close your annuity contract and mail a check to your address of record. The amount of the check will be for the full surrender value less any applicable taxes, fees and/or charges.

1. Please indicate your surrender amount below. Select option a, b or c below (please see page 1, 'Important Information')
- a. the maximum annual amount allowed under the optional rider I have elected (referred to as the Benefit Payment or Lifetime Benefit Amount) Note: this option is only available if you have The Hartford's Principal First, The Hartford's Principal First Preferred, The Hartford's Lifetime Income Builder, The Hartford's Lifetime Income Builder II, The Hartford's Lifetime Income Foundation, The Hartford's Lifetime Income Builder Selects, The Hartford's Lifetime Income Builder Portfolios or The Hartford's Return of Premium optional rider on your contract. See your prospectus and contract rider for more information regarding surrender limits allowed under certain optional benefit riders to ensure that you do not exceed permissible limits.

Options b. & c. below may reset your rider.

- b. the maximum surrender amount of this annuity not subject to Contingent Deferred Sales Charges (minus any tax withholding elections and wire or overnight fees) **or**

- c. other amount (please specify) \$,,.

If you have selected option c above, please select one of the following options for determining the amount of my check. Check one option only; if no option is selected, we will deduct the CDSC from your remaining Contract Value. That amount will also be subject to Contingent Deferred Sales Charges.

- gross surrender method** - please deduct any applicable charges, tax withholding elections, and wire or overnight fees from the amount I've requested above, **or**
- net of charges method** - please deduct ONLY tax withholding elections, and wire or overnight fees from the amount I have requested above, then surrender any applicable charges from my annuity contract, **or**
- net surrender method** - please send me the amount I have requested above. Deduct any applicable charges, tax withholding elections, and wire or overnight fees from my annuity contract

2. Please note, any payments distributed proportionately will exclude the Personal Pension Account.

I want my funds withdrawn (If no option is selected, funds will be withdrawn proportionately from all investments).

- proportionately (pro rata) from each of my current investments

If you have The Hartford's Lifetime Income Builder Portfolios or The Hartford's Return of Premium rider, all surrenders must be taken pro rata across all funds.

I understand that surrenders not taken proportionately (pro rata) from each of my current investments may cause my rider to be recalculated or benefits thereunder revoked.

Surrenders not taken in this manner will have a negative impact to your optional rider. Please refer to your product prospectus and contract for details.

- equally from each of my current investment options. I understand that if the investment options cannot support an equal surrender from each active investment option the request will be processed proportionately from each active investment option **or**
- as specified in the table below. I understand that if the investment options cannot support a surrender from a specific investment option elected the request will be processed proportionately from each current investment option. (please list the investment options and either the amount, % or units to be withdrawn from each option)

Name of investment	Amount to surrender or	Percent* to surrender or	Units to surrender
	\$ _____	or _____%	or _____
	\$ _____	or _____%	or _____
	\$ _____	or _____%	or _____
	\$ _____	or _____%	or _____
	\$ _____	or _____%	or _____
	\$ _____	or _____%	or _____
	\$ _____	or _____%	or _____

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

Total 100%

Section E - Automatic Income Program (you must complete this section)

A partial surrender from your annuity may require you to modify future Automatic Income Program payments.

Once the available free surrender amount of your annuity has been surrendered, any further surrenders may require you to pay a Contingent Deferred Sales Charge (CDSC). Continuing to surrender the same gross amount from your annuity contract via Automatic Income Program payments may result in a lower payment if a CDSC is assessed.

Your permissible Partial Surrender amount under your rider may increase or decrease each year. Enrolling in the Automatic Income Program provides a static payment that may exceed allowed rider limits or may be lower than your permissible amount. You must contact us to update your Automatic Income Program amounts each year to avoid these situations. If you do not initiate a change, you may violate the terms of your rider.

How would you like us to modify your Automatic Income Program payments?

- send the same net payment amount I'm receiving now under the Automatic Income Program by surrendering a higher amount from my annuity contract
- continue to surrender the same gross amount from my annuity contract. I understand that my payment may be lower if I am required to pay a CDSC.
- Resume Automatic Income Program payments after the next contract anniversary, as scheduled (this option will apply if none of the options are chosen).
- discontinue my payments under the Automatic Income Program indefinitely

Section F - IRC 72(t)/(q) Income Program

If you are enrolled in this program please read the **important** information in this section.

Please note that if you are receiving regular withdrawals from your annuity as part of the Automatic Income Program to avoid paying retroactive federal 10% penalty tax under IRC 72(t)/(q) program, a partial surrender will create significant adverse tax consequences if you change the series of substantially equal periodic payments that you're receiving within 5 years of the date of your first payment or before you reach age 59 1/2 whichever is the later of the two.

If you do send this completed Variable Annuity Surrender Request form to us, your series of substantially equal period payments will change and you will no longer be able to avoid paying the federal 10% penalty tax. We will then report this surrender as a modification to the program and future taxable payments from your annuity contract to the IRS as premature withdrawals, subject to the 10% penalty tax. Please consult with your tax advisor before submitting this completed form to us.

Section G - Hospital, nursing home or long-term care facility waiver

This waiver is not available in Massachusetts, New Jersey or New York.

Please note you do not have to pay the Contingent Deferred Sales Charge when you surrender money from your annuity if you have been confined for at least 180 days to a hospital, nursing home (with 24 hour nursing care), or long-term care facility; you were not confined at the time the contract was purchased; your contract was purchased on or after September 26, 1997; and the contract owner has been the same since this annuity was issued.

You must provide written proof of your confinement each time you request a surrender from your annuity contract. Please send us a document outlining the name of the hospital, nursing home or long-term care facility, how long you've been confined, and an original signature of an officer or director of the facility or your primary care physician at the facility.

Your request to surrender money and request this waiver must be sent to us within 91 days, of the last day you were confined to a hospital, nursing home or long-term care facility.

The terms of this waiver are subject to product and state availability. Any investments you made on the day of or during your confinement may not be eligible for this waiver. Please speak with your Investment Professional for more information.

I want to apply for this waiver (please provide the telephone number of the hospital, nursing home or long-term care facility)

Telephone number (area code first)

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

*Please note that if your annuity contract is owned by a custodian or it is part of a 457 or Pension/Profit Sharing Plan, you do not have to complete this section unless the request is for a direct transfer. 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. Please go to Section J. As a reminder, a Direct 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 you your money? Please complete one of the four delivery options below. Please note that checks cannot be made payable to a third party unless the transaction is a rollover or transfer.

1. Deliver my check by regular mail (you will receive your check in about 7-10 business days)
 express mail (A delivery fee of \$9.36 will be charged. We cannot express mail to a P.O. Box.)

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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*Please note that the appropriate signature(s) are also required in Section J for this surrender request to be considered in good order.

Section I - Income tax withholding instruction (you must complete this section*)

*This section is not applicable for custodially-owned, employer-owned 403(b), 401(a)/401(k), pension/profit sharing, Defined Benefit and 457 Plans. The custodian, trustee, or plan administrator is responsible for income tax reporting. Please go to Section J. 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 non-qualified 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 withholding is 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; cannot exceed 90% of the taxable distribution)

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 J - Please sign here (you must complete this section)

If there are joint contract owners, both contract owners must sign below. A Medallion Signature Guarantee may be requested if we are unable to verify an owner's signature.

If the contract owner is listed as a Trust, you must submit a completed Trustee Certification form if not provided previously. 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 requirements.

If the contract owner is listed as a company, an officer of the company must sign as a contract owner and a Corporate Resolution must be submitted to us. If the contract owner is listed as a 457 or Pension/Profit Sharing Plan, you must submit a corporate resolution or similar document notifying us of the individual who has authority to sign for surrenders for this annuity contract.

If you are confined to a hospital, nursing home, or long-term care facility and you would like to apply to have the Contingent Deferred Sales Charge waived, please provide written proof of your confinement. Please send us a document outlining the name of the hospital, nursing home or long-term care facility, how long you've been confined, and an original signature of an officer or director of the facility or your primary care physician at the facility.

I confirm that the information on this form is true and that I am requesting a surrender from a Variable Annuity.

Contract owner/Custodian/Trustee signature	Date (mm/dd/yyyy)	Title (Corporate, POA or Trustee)	Medallion Signature Guarantee (required for POA)
Print contract owner's name			
Joint contract owner's signature (if applicable)	Date (mm/dd/yyyy)	Title (Corporate, POA or Trustee)	Medallion Signature Guarantee (required for POA)
Print joint contract owner's name			

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?
- completed Section B to tell us the type of surrender you want to make?
- completed Section C to tell us when you want us to process your surrender request?
- completed Section D if you are surrendering part of the money in your annuity?
- completed Section E if you are enrolled in the Automatic Income Program?
- read the important information in Section F if you are enrolled in a 72(t)/(q) income program?
- completed Section G if you've been confined to a hospital, nursing home or long-term facility for at least 180 days and want to apply for a waiver of Contingent Deferred Sales Charges?
- completed Section H to provide us with mailing instructions and included a voided check for EFT?
- completed Section I to provide us with income tax withholding instructions?
- signed and dated the form in Section J 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.
- enclosed supporting documents if you've signed as a Conservator, Power of Attorney (POA), Guardian or Trustee?

For standard mail delivery, please mail this form to:

The Hartford
Attention: Inforce Contract Services
P.O. Box 5085
Hartford, CT 06102-5085

For private express mail, please mail this form to:

The Hartford
Attention: Inforce Contract Services
1 Griffin Road North
Windsor, CT 06095-1512