Rollover In/Plan-to-Plan Account Transfer In Form

457(b)

THE HARTFORD

Use this form if you want to:
- submit a rollover in.
- submit a plan-to-plan transfer in.

Do not use this form to:
- transfer your account from another provider under your current plan to The Hartford. Complete a *Provider-to-Provider Transfer Form.*

- Complete one form for each rollover or transfer.
- Indicate the Type of Request in Section C.
- Complete the appropriate information in Section D.
- Attach a current statement of your account of the amount you intend to rollover or transfer.

The Hartford will not process this form until it is received in good order. Please see the Important Information Section for information on "Good Order" requirements.

Questions?
Call
The Hartford's Customer Service Center
1-800-528-9009

Fax
1-860-843-3280

Online
retire.hartfordlife.com

Section A - Plan Information

Group No.	Plan Name
<<GroupNumber>>	<<PlanName>>

Section B - Participant Information

SSN	Participant Name	Date of Birth

* Legal Address

City	State	Zip Code	Daytime Phone Number

Financial Advisor's Name	Financial Advisor's Phone Number

Financial Advisor's Email

*We will change your account information to reflect the Legal Address above and all future mailings will be sent to this address unless changed by you or your Plan Administrator as described under "Stale Address" in the Important Information Section.

Section C - Type of Request

Select one option:

☐ A ROLLOVER is funds moved from either:
- Previous employer's 403(b), 401 or 457(b) plan, OR
- Individual Retirement Account

☐ A PLAN-TO-PLAN TRANSFER is funds moved from:
- Previous employer's 457(b) plan

By checking this box, if you are moving funds from a previous employer's 457(b) Plan into your Hartford 457(b) account, this is considered a **PLAN-TO-PLAN TRANSFER**. You acknowledge and understand that you will not be able to withdraw the transferred amount until you are eligible to take a distribution under your account at The Hartford in accordance with the terms of the Plan.

GPROCESS/ GROLOVERIN

Section D - Rollover/Transfer Request

ROLLOVER:

I request that ☐ all amounts OR ☐ $ _____ be liquidated from the retirement program indicated below and be credited to my deferred compensation account at The Hartford. Note: An amount distributed from a 457(b) plan is not subject to an excise tax on early distributions, except to the extent it consists of amounts previously rolled over to the 457(b) plan from a 401, 403(b) plan or an IRA. The eligible rollover distribution is coming from an eligible retirement plan identified under Code section:

☐ 401 qualified plan (including 401(k) or 403(a) qualified annuity plans)

☐ 403(b) tax sheltered plan

☐ 408 IRA including simplified employee pension and simple retirement accounts

☐ Governmental 457(b) eligible deferred compensation plan sponsored by a governmental employer

Rollover From:

Provider	Account Number
Address	Phone Number

☐ If your contract includes a Roth Contributions feature, check here to indicate that designated Roth contributions will be included.

Note that you cannot include Roth IRA amounts in this account.

457(b) PLAN-TO-PLAN TRANSFER:

This option is available under the Code and may be an option available under a given retirement program. You cannot transfer amounts between government sponsored and tax-exempt sponsored 457(b) plans.

☐ I request a Code Section 457(e)(10) plan-to-plan transfer of ☐ all amounts OR ☐ $ _____ from a Code Section 457(b) eligible deferred compensation plan.

Transfer From:

Provider	Account Number
Address	Phone Number

☐ If your contract includes a Roth Contributions feature, check here to indicate that designated Roth contributions will be included.

Note that you cannot include Roth IRA amounts in this account.

_____ _____

Former Employer's Authorized Plan Administrator's Signature Date

Section E - Participant Authorization

I understand that if I am currently enrolled in the Plan, my rollover or transfer will be allocated among the investment options based upon my current investment elections unless Special Instructions are provided below to invest my rollover or transfer.

Special Instructions: _____

_____ _____

Participant Signature Date

Section F - Current Plan Administrator's Acceptance of Rollover or Transfer

The authorized signature below certifies eligibility and acceptance of the rollover or transfer as instructed in this request.

_____ _____

Authorized Plan Administrator's Signature Date

_____

Authorized Plan Administrator's Name (please print)

Section G - Payment Information

For payments made by check, make check payable to:
Hartford Life Insurance Company FBO Employee Name _____ Social Security No. _____
Mail check and this form to:

Regular Mail: The Hartford
P.O. Box 1583
Hartford, CT 06144-1583

Overnight Mail: The Hartford
1 Griffin Road North
Windsor, CT 06095-1512

For payments made by ACH or Wire, forward to:
Mellon Bank
Three Mellon Bank Center
Pittsburgh, PA 15259-0001
Money Transfer Dept.
ABA-043000261
Account No 1957963

Include the following information:
Credit Hartford Life - RPSC
FBO: Employee Name _____
Social Security No. _____
Employer Name _____
Hartford Group No. _____

Section H - Important Information

Good Order - "Good Order" means that all sections of the form are complete, the participant has provided their signature authorizing the transaction, the former Plan Sponsor has provided their signature (if required) and the current Plan Sponsor has provided their signature authorizing The Hartford to process the transaction requested on the form (if required).

The Hartford – "The Hartford" is Hartford Life Insurance Company and its affiliates.

Stale Address – It is important that you notify us if you change your address. Going forward, your address may change in our records either at your or your employer's direction, or as a result of an address confirmation service provided under our agreement with your employer. Under this service, the addresses in our records are compared against and updated quarterly with addresses received from commercial address update services (e.g., the U.S. Postal Service). If your mail is returned to us or your employer tells us your address is incorrect, we are likely to suspend future mailings until a new address is obtained. Unless preempted by federal law, failure to give us a current address may also result in uncashed distributions from your participant account being considered abandoned property under state law, and remitted to the applicable state. To update your address, contact your Plan Administrator or, if permitted by your Plan, log in to our website at retire.hartfordlife.com and select the "My Profile" tab at the top of the screen.