

Benefit Payment Request



Group Number:		Plan Name:			
Participant's Name: (Last, First, M.I.)			Date of Birth:	Social Security Number:	
Participant's Address:					
City:		State:	Zip:	Daytime Phone Number:	Date of Hire:
Date of Final Payroll Deduction:	* Vesting %: Profit Sharing	* Vesting %: Employer Match	Vesting %: Other	TPA Initials	

* HARTFORD LIFE WILL PROCESS THIS BENEFIT PAYMENT IN ACCORDANCE WITH THE VESTING PERCENTAGES INDICATED ON THIS FORM.

A. REASON FOR BENEFIT PAYMENT

- 1. Termination of Employment
- 2. Retirement
- 3. Permanent / Total Disability

Required: Severance from Service Date: _____/_____/_____

Note: For distributions due to severance from service, any outstanding loan balance will be reported as taxable to the extent it is not secured by employee after-tax basis.

B. METHOD / AMOUNT OF PAYMENT (Options available may vary according to the plan provisions.)

- 1. Lump sum cash payment of the total vested account balance
- 2. Partial lump sum payment (payments will first be distributed from after-tax sources if available) of \$ _____
- 3. Partial rollover of \$ _____ and, unless elected otherwise, pay any remaining vested account balance as a lump sum cash payment: Defer any remaining vested account balance
- 4. Direct Rollover of the vested account balance

C. DIRECT ROLLOVER (Check if applicable)

- I elect a Direct Rollover of my benefit payment to my employer's eligible retirement plan or IRA as indicated below. Unless indicated otherwise below, pay my Traditional After-Tax and/or Roth 401(k) Contributions directly to me. I understand that Traditional After-Tax contributions may only be rolled over to another 401(a) qualified plan or Traditional IRA and that Roth 401(k) Contributions may only be rolled over to another plan with a Roth 401(k) feature or a Roth IRA.

Direct Rollover to (check and complete as applicable):

For Non-Roth Amounts:

- Eligible Retirement Plan* IRA
- Include Traditional After-Tax Contributions

For Roth 401(k) Contributions:

- Eligible Retirement Plan* with Roth 401(k) Feature
- Roth IRA

Account Number: _____
 *Plan Name: (as applicable) _____
 Financial Institution: _____
 Address: _____

D. DIRECTION AND AUTHORIZATION (Mandatory Distributions do not require Participant Signature)

I hereby consent to the payment indicated above. I acknowledge that I have read and understand the Special Tax Notice. I understand that for an eligible rollover distribution, if I do not elect a direct rollover, 20% mandatory Federal Income Tax withholding will apply. I have reviewed the state income tax withholding section of the Withholding Authorization Form and understand that, if applicable, I must complete and return the form with this request. I also acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state.

Participant's Signature _____

Date _____

E. PLAN ADMINISTRATOR OR REPRESENTATIVE AUTHORIZATION

(Required before submitting form to Hartford Life Insurance Company for processing)

(Check if applicable)

- Mandatory Distribution** - In accordance with the terms of the plan, this distribution is to be made without the participant's consent. No participant signature required.

Hartford Life is directed to withdraw the amount necessary to pay the benefit as indicated above based on the vesting percentages* included on this form and in accordance with the terms of the plan. I certify that the above data in regard to the participant is true and accurate to the best of my knowledge and that I have obtained any spousal waiver consent forms that may be required by ERISA and the Internal Revenue Code. If the participant has an outstanding loan balance, please report the outstanding loan balance not secured by employee after-tax basis as taxable. If this is a mandatory distribution, please disregard this request if the participant's vested account balance at the time this request is received is greater than \$5,000 (rollover contributions are included in making this determination). If I have elected a direct rollover of a mandatory distribution, I certify that the plan has entered into an agreement with the IRA provider identified above to receive this mandatory distribution.

Plan Administrator's or Authorized Plan Representative Signature _____

Date _____

Full Disclosure Statement

Arkansas

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Colorado

"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services."

District of Columbia

"WARNING: It is a crime to provide false or misleading information to an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Indiana

"A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."

Kentucky

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

Louisiana

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

New Hampshire

"Any person who, with a purpose to injure, defraud or deceive any insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. However, the lack of such a statement shall not constitute a defense against prosecution under RSA 638:20."

New Jersey

"Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

Ohio

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud."

Oklahoma

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Pennsylvania

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Withholding Authorization Form



Group Number:	Plan Name:	
Payee's Name: (Last, First, M.I.)		Social Security Number:
Payee's Address:		
City:	State:	Zip:

All Payees should seek professional tax advice if they have any questions concerning their tax obligations.

I. Federal Income Tax Withholding Election - Distributions Not Eligible For Rollover

- Hardship Withdrawals
- Minimum Required Distributions
- Death Benefit Distributions to beneficiaries other than a surviving spouse
- Corrective Distributions (withholding rules will apply if distributions are taxable in the current tax year)
- Annuity / Installment Payments over your lifetime (or a period measured by your life expectancy), or your lifetime and your beneficiary's lifetime (or a period measured by your joint life expectancies), or a period of 10 years or more.

For distributions that are not eligible for rollover, withholding is not mandatory. If you elect not to have Federal Income Tax withheld, keep in mind that you are still liable for payment of Federal Income Tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules, if your payments of estimated tax and withholding, if any, are not adequate.

ONLY COMPLETE THIS SECTION IF YOUR DISTRIBUTION IS NOT ELIGIBLE FOR ROLLOVER.

For single sum distributions, **10% Federal Income Tax withholding will apply unless you elect otherwise below:**

- I elect: No Federal Income Tax Withholding
 Apply Federal Income Tax Withholding of (\$ or %) _____

For annuity payments or installment payments, Federal Income Tax withholding will apply at a rate **determined by treating you as married, claiming three withholding allowances unless you elect otherwise below** (such election shall remain in effect until revoked by you):

- I elect: No Federal Income Tax Withholding
 Apply Federal Income Tax Withholding based upon the following marital status and exemptions:
 Married Single Number of Exemptions claimed _____
 In addition, withhold the following additional amount \$ _____

II. Federal Income Tax Withholding - Distributions Eligible for Rollover: I have received a Special Tax Notice and understand that 20% mandatory federal income tax withholding will apply to an eligible rollover distribution paid directly to me.

III. State Income Tax Withholding - For a distribution paid directly to you, please note and complete, as applicable, the following:

Withholding Election - If you reside in **California, Oregon or Georgia** (for period payments), state income tax withholding will apply unless you elect otherwise below:

If you reside in **Arkansas**, state income tax withholding will apply to all payments. Below you may elect no state income tax withholding, except for eligible rollover distributions.

- I elect no state income tax withholding

Voluntary Withholding - If you reside in any of the following states (or District), you may elect state income tax withholding below (or complete and submit the State's income tax withholding form) - **Alabama, Arizona, Arkansas, Colorado, Connecticut, Georgia** (for a single sum distribution), **Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maryland** (not applicable to distributions eligible for rollover), **Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, Washington D.C., West Virginia, Wisconsin:**

- I elect state income tax withholding of _____ % or \$ _____

Mandatory Withholding - State income tax withholding will apply when federal income tax withholding applies if you reside in the following states: **Delaware, Iowa, Kansas, Maine, Massachusetts, Nebraska, North Carolina, Oklahoma, Vermont, Virginia.**

State income tax withholding will apply to distributions eligible for rollover when federal income tax withholding applies if you reside in the following states: **Maryland and Arkansas**

IV. Payee Authorization

I certify that all information above is true and accurate to the best of my knowledge.

Payee's Signature _____

Date _____