

# Registered Investment Advisor Fee Payment and Transfer Authorization Form



Use this form if you want to:

- request that Registered Investment Advisor ("RIA") fee payments be deducted from the Owner's variable annuity ("Annuity") and be sent directly to you
- transfer the Owner's contract values among the investment options available in the Annuity

Both you and the Contract Owner(s) of the variable annuity ("Owner") from which the RIA fees are to be deducted must each complete the following form to participate in the RIA Program. You must provide an RIA Fee Payment and Transfer Authorization form ("RIA Authorization") signed by each Owner wishing to take part in the RIA Program. In addition, we request that each billing period you submit our Fee Payment Authorization form ("FPA").

## Contact Information:

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

Clients Call  
1-800-862-6668

Investment Professionals  
Call 1-800-862-7155

The RIA Authorization gives The Hartford the authority to deduct the RIA fees from the Annuity and provides the instructions needed to pay these fees directly to you. A new RIA Authorization is required whenever the terms of your agreement with your client change. Please note that each Owner and a designated representative of your compliance department or firm principal must sign the RIA Authorization. The Hartford may request additional copies of these forms at any time.

You must submit to The Hartford a list of individuals who are authorized to access information, make changes on contracts and request fee liquidations (sample signature required). The Contract Owner must acknowledge the authorization of the listed individuals.

The FPA form is required for The Hartford to process your client's request to pay you directly. You may attach a roster if there are not enough spaces to list clients on the FPA form. A separate check will be issued for each contract. All RIA fees to be deducted must be submitted in dollar amounts. RIA fee payments will be deducted, only if each payment amount is \$100 or more. No RIA fee payments will be deducted unless these instructions are followed and no exceptions will be made.

Please note that any partial surrender for an RIA fee payment in excess of the Annual Withdrawal Amount will be charged a Contingent Deferred Sales Charge, if applicable. For all of Hartford's Personal Retirement Manager B-share and associated Proprietary contracts, a pro-rated Distribution Charge will be assessed on all withdrawals that exceed the Annual Withdrawal Amount for the contract year. Each premium deposit will have its own eight year Distribution Charge schedule.

If the contract offers 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, The Hartford's Return of Premium I, The Hartford's Maximum Anniversary Value II, The Hartford's Maximum Anniversary Value III, Future5<sup>SM</sup> Future6<sup>SM</sup> or Safety Plus optional rider and one of the above benefits has been elected, the amount withdrawn from the annuity (including the fees or charges) may cause a recalculation of the Benefit Amount (if applicable), or Payment Base (if applicable), or Death Benefit guarantee.

Surrenders in excess of applicable withdrawal limits can severely affect the value of any guaranteed withdrawal benefit and/or guaranteed death benefit under your annuity contract. Such surrenders may reduce your benefits on a proportional basis rather than by the dollar amount actually surrendered and may also lock in your annual available withdrawal percentage and/or terminate your Deferral Bonus. It is important for you to understand what impacts a surrender may have upon your annuity contract before requesting a surrender. You may contact us for a calculation showing the impact of your surrender. Please see your prospectus and annuity contract or rider for more information on withdrawal limits.

If you have any questions about The Hartford's RIA Program or the completion of these forms, please contact The Hartford prior to submitting them. Original RIA paperwork must be received within 30 days from the date the contract owner signs to be considered in good order. Any incomplete or not in good order forms may delay your request to conduct transfers on behalf of the Owner, The Hartford's ability to deduct RIA fee payments or require a new RIA form to be completed. The Hartford will not be held responsible for delays in processing transfers or RIA fee payments due to missing or incomplete information, or any diversion from the procedures established by The Hartford.

**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)
Registered Investment Advisor (RIA) Firm Name	Broker/Dealer (only required if the selling agent is the RIA)

**Section B - Contract owner authorizations (you must complete this section)**

The Owner of the above annuity Contract should initial the appropriate authorization(s) below, read all sections and sign this Authorization where indicated. This Authorization shall remain in effect until the earlier of:

- the date The Hartford receives notice of termination of this Authorization by either an Owner or the RIA in a form and manner acceptable to The Hartford,
- receipt by The Hartford of notification of an Owner's death and/or the termination of a Non-natural Owner,
- the transfer of ownership or assignment of the Contract,
- the receipt by The Hartford of a court order appointing a trustee or guardian on behalf of the Owner,
- the receipt by The Hartford of a court order restricting the Contract from liquidations,
- annuitization of the Contract and/or full liquidation or closure of the Contract,
- the specified fee liquidation amount exceeding the total value of the variable and fixed accumulation feature sub-accounts. Fee liquidations from the Personal Pension Account are not allowed,
- the receipt by The Hartford of information that the RIA broker-dealer affiliation has changed

Transfer Authorization

By initialing below, I hereby:

- authorize The Hartford to comply with any telephoned, mailed, or faxed sub-account transfer instructions signed by the RIA listed above, individuals listed on the FPA form or submitted as a separate list to The Hartford. I understand that by authorizing my RIA to make transfers, The Hartford will only accept transfer instructions from my RIA,
- agree that The Hartford will send written confirmations of any sub-account transfer to the Owner with a copy to the agent of record. The Contract Owner agrees to notify The Hartford immediately of any errors in the confirmation,
- agree that this Authorization supersedes any prior transfer instructions for the Contract, and
- agree to release The Hartford from any liability that may occur by following the transfer instructions of the RIA.

Contract Owner's initials: \_\_\_\_\_

RIA Fee Payment Authorization

By initialing below, I hereby:

- authorize The Hartford to deduct RIA fee payments from the Annuity, upon written instructions by the RIA listed above, individuals listed on FPA Form or submitted as separate list to The Hartford,
- instruct The Hartford to pay the amount deducted directly to the RIA listed above. The deduction must be a specific dollar amount of the Annuity. RIA Fee Payments will be taken on a pro-rata basis, excluding the Personal Pension Account, from the assets invested in the sub-accounts of the Annuity.
- acknowledge and understand that partial surrender for the RIA fee payment in excess of the Annual Withdrawal Amount will be charged a Contingent Deferred Sales Charge and Distribution Charge, if applicable,
- acknowledge and understand that the deduction of the RIA fees could reduce both the Benefit or Payment Base under my optional riders and/or the death benefit amounts payable to my beneficiaries, and
- agree to release The Hartford from any liability that may occur by following my instructions to deduct RIA fees from the Annuity.

Contract Owner's initials: \_\_\_\_\_

**Section C - Contract owner tax considerations**Substantially Equal Periodic Payments

I acknowledge that if The Hartford is making substantially equal periodic payments under Section 72(t) that unscheduled partial surrenders to deduct for RIA fee payments may jeopardize the tax treatment of all payments made. Furthermore, a recapture tax may apply to payments that have been made in the past. If The Hartford is making substantially equal periodic payments out of a non-qualified contract under Section 72(q), the unscheduled partial surrenders to deduct RIA fee payments will generally jeopardize the tax treatment of all payments made and a recapture tax will generally apply to payments that have been made in the past. I agree to seek advice from a qualified tax advisor prior to requesting RIA fee payment deductions under these circumstances and I further agree to release and hold The Hartford harmless from any liability for making RIA fee payment deductions.

IRA or 403(b) Annuity

In order to make RIA fee payment deductions from an Annuity held as an IRA or a 403(b) annuity, I certify that I have executed an agreement with the RIA that includes provisions that state that:

- 1) The RIA's fee payment is to be paid solely with assets from the Annuity and not from any other source;
- 2) The RIA's fee is to be paid directly to the RIA.

I understand and agree that my RIA will send The Hartford a form that The Hartford will follow as my instructions to pay the amount on the form directly to the RIA. I understand that The Hartford will not report deductions from my Annuity for payment of RIA fees to the Internal Revenue Service. However, The Hartford reserves the right to change its procedures or to modify or terminate this Authorization if necessary to stay in compliance with federal tax laws.

Annuities Other than IRA or 403(b) Annuities

I understand and agree that partial surrenders from my Annuity used to pay RIA fees will be reported as taxable to the extent of gain in the annuity contract and will be subject to ordinary income tax. If taken prior to age 59 ½, these taxable distributions may also be subject to a 10% federal income tax penalty.

Tax Withholding

I understand and agree that the partial surrenders from my Annuity may make me liable for the payment of Federal income tax on the taxable portion of the distribution. Gains from non-qualified contracts purchased in the same calendar year from the same company (or its affiliates) will be aggregated to determine the taxable amount. I elect not to withhold taxes on the taxable portion of the partial surrender used to make the RIA fee payments. I understand that I am responsible for payment of any estimated tax and that I may incur penalties under the estimated tax rules if my estimated tax payments are not sufficient. I further understand that I may revoke this election at any time by contacting The Hartford and requesting that withholding be conducted on the taxable portion of future partial surrenders. However, the amount of a partial surrender subject to withholding shall be grossed up to account for the additional withholding amount while maintaining a net payment to the Advisor equal to the scheduled RIA fee.

**Disclaimer**

The Hartford makes no representations regarding the tax treatment of partial surrenders used to pay RIA fees. I understand that I am responsible for determining whether or not my personal financial situation is appropriate for these types of partial surrenders. I understand that by following my instructions concerning the payment of RIA fees that The Hartford has no responsibility or liability for any taxes, penalties, and/or interest which may be assessed by the Internal Revenue Service, state or municipal tax authority or other administrative tribunal or court.

**Section D - Registered Investment Advisor (RIA) information (you must complete this section)**

Registered Investment Advisor's (RIA's) firm name	RIA's Tax Identification Number		
Broker/Dealer (only required if the selling agent is the RIA)	Contract number (required)		
RIA's address	City	State	ZIP Code
RIA's telephone number	RIA's fax number		

For the above contract, this is (please select one option only):

- An initial RIA authorization form       An amendment to an RIA authorization form

RIA authorized individuals (authorized to trade - please list names below):


**Section E - RIA acknowledgements and signatures (you must complete this section)**

I understand that the Annuities that are part of this RIA program are not designed to serve as vehicles for frequent sub-account transfers in response to short-term fluctuations in the stock market.

I understand and agree that if The Hartford finds these transfers to be abusive or disruptive that my ability to make transfers on behalf of the Owners may be modified or terminated.

By signing below, I agree to the terms and conditions set forth by The Hartford.

RIA representative's name (please print)	
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RIA representative's signature (only required if the RIA is an individual and/or the selling agent)	Date (mm/dd/yyyy) / /
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By signing below, I acknowledge that I am either a Designated Compliance Representative or Principal of the RIA firm. I agree to the terms and conditions set forth by The Hartford and acknowledge that I have reviewed and approved the RIA's Form ADV that the activity contemplated by this Authorization is being supervised pursuant to the NASD Conduct Rules, in particular Conduct Rules 3010 through 3050.

Designated compliance representative or principal name (please print):	Telephone number (     ) -     -
Designated compliance representative or principal signature (required):	Date (mm/dd/yyyy) / /

## Section F - Contract Owner acknowledgements and signatures (you must complete this section)

By signing below I indicate that, in addition to the conditions listed above, I acknowledge that I have received a prospectus for the Annuity. I also acknowledge that I have been made fully aware of the distinction between the fees deducted from the Annuity by The Hartford as payment for the Annuity and the RIA fees deducted from the Annuity by The Hartford as payment to my RIA. I acknowledge that all transactions in connection with this Authorization must comply with the most recent prospectus for the Annuity and must be in accordance with the procedures established by The Hartford. RIA paperwork must be received within 30 days from the date the contract owner signs to be considered in good order.

Owner/Trustee/Power of Attorney (POA) signature	Date (mm/dd/yyyy) / /	Title (Corporate, Custodian or Trustee)	Medallion signature guarantee (required for POA)
Joint contract owner's signature (if applicable)	Date (mm/dd/yyyy) / /		

### Have you...

- provided complete Contract Owner information in Section A?
- provided the proper Contract Owner authorization(s) in Section B?
- read and understood the tax considerations in Section C?
- provided complete RIA information and list of authorized individuals in Section D?
- read and understood the acknowledgements in Section E and provided the appropriate signature(s)
- received a Medallion signature guarantee if the contract owner is a Power of Attorney?
- read and understood the acknowledgements in Section F and provided the appropriate signature(s)?

### 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

# Registered Investment Advisor Fee Payment and Transfer Authorization Form



Contract Owner's Name	Contract Number	RIA Fee Payment* (Dollars Only)	Qualified Contract or Non-qualified Contract

By sending this form to The Hartford, I represent and warrant that I have the authority to request that The Hartford take partial surrenders from the Annuities listed above to make RIA fee payments directly to me on behalf of the Owners. I hereby request that The Hartford take a partial surrender from each Annuity equal to the amount of the RIA fee payment listed next to the contract numbers above. I have signed the Registered Investment Advisor Fee Payment and Transfer Authorization form. I also reviewed the form with each Contract Owner who is part of my RIA program. I understand that no partial surrenders for RIA fee payments will be done until The Hartford has received the original signed RIA Authorization and Fee Payment request.

I hereby authorize The Hartford to take partial surrenders listed on this form and make RIA fee payments directly to:

Registered Investment Advisor's (RIA's) firm name	Broker/Dealer (only required if the selling agent is the RIA)		
RIA's address	City	State	ZIP Code
RIA Representative's name (please print)	Telephone number (        ) -        -		
RIA representative's signature (only required if the RIA is an individual and/or the selling agent)	Date (mm/dd/yyyy) /      /		

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