

Rollover/Plan-to-Plan Account Transfer-457 & 401(a) Retirement Plans



THE
HARTFORD

Overnight Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
200 Hopmeadow Street, Simsbury, CT 06089

Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
PO Box 1583, Hartford, CT 06144-1583

Hartford Group Number: _____ Employer: _____ Social Security Number: _____

Participant Name: (Last, First, M.I.) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Best time to call AM PM Work Phone: _____ Best time to call AM PM Ext: _____

Complete one form for each rollover or transfer. Complete Section A or B and attach a current statement of your account of the amount you intend to rollover/ transfer. A statement of account must be provided for this request to be in good order.

A. ROLLOVER (Note: Rollovers are not available to tax-exempt 457(b) deferred compensation plans.)

I request that all amounts **or** \$ _____ be liquidated from the retirement program indicated below and be credited to my deferred compensation account at Hartford Life. Note: An amount distributed from a 457 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 IRA. The eligible rollover distribution is coming from an eligible retirement plan identified under Code section:

- 401 qualified plan (includes 401(k) or 403(a) qualified annuity plans.) **Account No.** _____
- 403(b) tax sheltered plan. **Account No.** _____
- 408 IRA, including simplified employee pension and simple retirement accounts. **Account No.** _____
- 457(b) eligible deferred compensation plan sponsored by a governmental employer. **Account No.** _____

Former Provider _____ Former Group ID Number: _____

Address _____ Former Participant Account Number: _____

Contact Person _____ Phone Number _____ Ext. _____

B. 457(b) PLAN-TO-PLAN TRANSFER (This option is available under the Code and may be an option available under a given retirement program.) Not applicable to 401(a) retirement programs. 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.

Former Employer _____ Former Provider _____

Former Group ID Number: _____ Former Participant Account Number: _____

Contact Person _____ Phone Number _____ Ext. _____

Signature from Former Employer's Plan Administrator: _____ Date: _____

C. 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. I understand that I may change my current or future allocation instructions at any time under the Plan's procedures.

Special Instructions: _____

Participant Signature: _____ Date: _____

D. CURRENT EMPLOYER 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 Sponsor Signature: _____ Date: _____

E. PAYMENT INFORMATION

For payments made by check, make check payable to:

Hartford Life Insurance Company for the benefit of _____ Employee Name _____ Social Security Number _____

Mail check and this form to:

Hartford Life, Retirement Plans Service Center

P. O. Box 1583, Hartford, CT 06144-1583

For payments made by ACH or Wire, forward to:

Mellon Bank

Three Mellon Bank Center

Pittsburgh, PA 15259-0001

Money Transfer Department

ABA-043000261

Account Number 1957963

Include the following information:

Credit Hartford Life – RPSC

For the benefit of: _____ Your Name _____

Re: _____ Employer Name _____

Hartford Life Group #

Your Social Security #