



The Hartford Mutual Funds – Account Application

For additional information, ask your investment representative or contact a service specialist toll free at **1-888-843-7824**, Monday – Thursday 7:00 a.m. to 6:00 p.m. Central Time and Fridays, 8:15 a.m. to 5:00 p.m. Central Time, or visit our website, www.HartfordInvestor.com. For retirement accounts, please request the appropriate retirement application.

PLEASE COMPLETE AND RETURN TO:
The Hartford Mutual Funds
P.O. Box 9140
Minneapolis, MN 55480-9140

OVERNIGHT MAIL ADDRESS
The Hartford Mutual Funds
500 Bielenberg Drive
Woodbury, MN 55125-1400

Fax: 1-651-738-5534 (Signature Guarantee Medallion Stamp cannot be faxed)

Tips for Completing the Application

- All owners and authorized individuals must provide a name, social security number, date of birth and residential address.
- Certain account types have additional requirements. Refer to page 4 for additional verification documents.
- Money Market Checkwriting, section 9, is an option for shareholders of Money Market Class A (940) only.
- When establishing an Automatic Investment Plan, please complete sections 6 & 10.

1. FUND SELECTION (required)

PLEASE MAKE CHECKS PAYABLE TO:
The Hartford Mutual Funds

Please Note

- **Minimum investment:** \$1,000 per fund.
- **If no share class is indicated,** Class A will be established.
- **Use whole percentages.**
- **Provide an approximate dollar amount for any incoming transfers \$ _____.**

| FUND NUMBER | DOLLAR AMOUNT | PERCENTAGE |
|-------------------------|-----------------|----------------|
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| TOTAL INVESTMENT | \$ _____ | OR 100% |

2. ACCOUNT REGISTRATION (required)

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open a new account, you will be asked to provide your name, residential address, date of birth, social security number and other information that identifies you. You may also be asked to show your driver's license or other identifying documents.

For non-persons wishing to open an account, Federal law requires us to obtain, verify and record information that identifies each business or entity. What this means for you: when you open an account, we will ask for your business name, a street address and a tax identification number for identity verification purposes. We appreciate your cooperation.

The following section gathers the necessary identifying information. We may validate this information through various public databases.

Account Type

- Individual
- Joint Tenants with Rights of Survivorship
- Tenants in Common
- Trust (First and last page of Trust required)
- UGMA/UTMA State _____
- Partnership

- Corporation
- Community Property
- Donor Advised Funds
- Other _____

Citizenship

- USA
- Resident Alien
- Non-Resident Alien
- Exempt Foreign Citizen _____
Country of Residence

Options

- Transfer on Death (TOD)
(form included)
- Power of Attorney (POA)

2a. Individual, Custodian, Corporation or Trust Information

Name of Individual, Custodian, Corporation or Trust

Social Security Number Date of Birth

Tax Identification Number
(required for corporations, trusts and other entities)

Residential Address

City, State, ZIP

Mailing Address (if different than residential address)

City, State, Zip

Owner's Home Phone Owner's Work Phone

Owner's E-mail Address

FOR A MAILING ADDRESS OUTSIDE THE U.S.:

Country of Residence

Province Foreign Routing or Postal Code

2b. Joint Tenants, Minor, Trustee(s) or POA

Name of Joint Tenants, Minor, Trustee(s) or POA

Social Security Number Date of Birth

Residential Address

City, State, ZIP

Mailing Address (if different than residential address)

City, State, ZIP

Date of Trust Agreement (if applicable)

2c. Successor Custodian or Co-Trustee

Name of Successor Custodian or Co-Trustee

Social Security Number Date of Birth

Residential Address

City, State, ZIP

3. BROKER DEALER (Your financial advisor can supply this information)

Registered Representative First Name Middle Initial Last Name Rep Number Dealer Number Branch Number

Social Security Number Email Address Phone Number

Branch Street Address

City State Zip

If Split Sale, enter split broker information

Registered Representative First Name Middle Initial Last Name Rep Number Dealer Number Branch Number

Social Security Number Email Address Phone Number

Branch Street Address

City State Zip

4.

DISTRIBUTION OPTIONS (If no option is chosen, option 1 will be selected)

- 1. Reinvest all dividends and capital gains into additional shares in this account.
- 2. Pay dividends and reinvest capital gains.
- 3. Pay capital gains and reinvest dividends.
- 4. Pay all dividends and capital gains.
If option 2, 3, or 4 is chosen, send distributions to:
 - Address indicated in Section 2
 - Bank listed in Section 6 or special payee listed in Section 12
- 5. Automatic dividend diversification: Diversify my portfolio by automatically investing distributions into another Hartford Mutual Fund.

From: _____ To: _____
Fund Name Account Number Fund Name Account Number

5.

REDUCED SALES CHARGES

A. RIGHTS OF ACCUMULATION: To qualify for sales discounts on Class A shares, list below the account numbers of all classes of shares of other Hartford Mutual Funds that you or your family (spouse and dependent children) already own.

Fund Name _____ **Fund Name** _____
Account Number _____ **Account Number** _____
SSN/Tax ID _____ **SSN/Tax ID** _____

B. LETTER OF INTENTION: I intend to buy more Class A shares and understand that I can reduce my sales charges through accumulated investments. I plan to invest over a 13-month period following the date of this application an aggregate amount of at least:

- \$50,000 \$100,000 \$250,000
- \$500,000 \$1,000,000

C. QUALIFY FOR NET ASSET VALUE (NAV): This account qualifies for NAV purchase as described in the fund prospectus as stated below.

- This should be a Net Asset Value Account
- Please indicate here if this is for an:
 - Employee or Employee spouse or minor child
 - Other: Explain _____

6.

BANK ACCOUNT OR CREDIT UNION INFORMATION

This information will be used for (check all that might apply)

- Distributions (Section 4) Automatic Investments (Section 10)
- ACH Redemptions on Request Systematic Withdrawals (Section 11)
- ACH Purchases on Request

Bank Account Type

- Checking Account (Attach Voided Check) Savings Account (Attach a verification letter which may be obtained from your bank.)

Bank or Credit Union ABA Routing Number
(available from the bank or credit union)

Bank or Credit Union Account Number

Please Tape A Copy Of Your Voided Check Here

Additional Verification Documents Required (Attach to account application)

| Account Type | Hartford Required Documents | Required Supplemental Information |
|--|---|--|
| Trust | Excerpts from Trust Agreement (first page, section(s) containing trustee(s) powers, appointments, and signature page(s) of trustee(s)) OR Trust Certification | 1. Name(s) of Trustee(s) 2. Taxpayer Identification Number(s) (TIN) of Trustee(s) 3. Date of Birth of Trustee(s) 4. Residential address(es) of Trustee(s) |
| Corporation | Corporate Resolution OR Certificate of Incorporation OR Meeting Minutes, naming authorized signatories. | 1. Name(s) of Authorized Signatories |
| Partnership | Excerpts from Partnership Agreement (first page, section(s) containing partner investment powers, appointments, and signature page(s) of general partners) OR Certification of Formation OR Meeting Minutes, naming authorized signatories. | 1. Name(s) of Partners |
| Limited Liability Company (LLC) | Excerpts from LLC Operating Agreement (first page, sections containing investment power(s)) OR Articles of Organization OR Meeting Minutes, naming authorized signatories. | 1. Name(s) of Authorized Signatories |
| Non-Profit Org or other Incorporated or Non-Incorporated Entity (e.g. charitable, religious, educational, medical org, association). | Articles of Incorporation OR Resolution of Governing Body reflection existence and formation of organization OR Meeting Minutes, naming authorized signatories. | 1. Name(s) of Authorized Signatories |
| Individual 401(k) | Copy of the Standard Adoption Agreement (Form A) | UPI/BISYS requires the following: 1. Copy of Standard Adoption Agreement (Form A) 2. BISYS Record Keeping Services Agreement (Form A) 3. BISYS Application (Form C) 4. Recording fees payable to BISYS Retirement Services |
| Power of Attorney | Power of Attorney Agreement | 1. Name of POA 2. Taxpayer Identification Number of POA 3. Date of Birth of POA 4. Residential address of POA |

*For Non-US entities, please call (888) 843-7824 for additional required documents.

7. SIGNATURE AND TAXPAYER IDENTIFICATION NUMBER CERTIFICATION (required)

We must have signatures to process your application and to certify your taxpayer identification number. IRS regulations also require your signature to avoid any backup withholding and a \$50 IRS-imposed penalty.

W-9 Certification - Under penalty of perjury:

- a. I certify that the number shown on this form is my/our correct Social Security number or Taxpayer Identification number(s).
- b. I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- c. I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

MY SIGNATURE BELOW INDICATES I HAVE FULL AUTHORITY, AM OF LEGAL AGE TO PURCHASE SHARES AND HAVE RECEIVED A CURRENT PROSPECTUS FOR THE HARTFORD MUTUAL FUNDS AND AGREE TO THE TERMS THEREIN AND HEREIN.

Signature of Owner

Date (Month, Day, Year)

Signature of Joint Owner

Date (Month, Day, Year)

8. DOLLAR COST AVERAGING

Exchange the following amounts (minimum \$50 per fund) on a monthly basis to The Hartford Mutual Fund(s) listed below. I understand that I can temporarily stop or cancel this service at any time by phone or writing. This request must be received by the **first** of the month. All exchanges are processed on the 10th of each month.

Please exchange the following amounts (minimum \$50 per fund) on a monthly basis starting in the month of _____.

Dollar Cost Averaging is only available within the same class of shares.

| Transfer money from: (Source Fund) | | Transfer Money to: (Destination Fund) | |
|------------------------------------|---------------|---------------------------------------|---------------|
| FUND NUMBER | DOLLAR AMOUNT | FUND NUMBER | DOLLAR AMOUNT |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | | _____ | \$ _____ |
| _____ | | _____ | \$ _____ |
| _____ | | _____ | \$ _____ |
| _____ | | _____ | \$ _____ |

9. CLASS A MONEY MARKET FUND CHECKWRITING SIGNATURE CARD

Class A Shares Only.

If you want to write checks against the collected balance in your Hartford Money Market Fund Account, check the box, and complete the signature card below. Remember, you may only write checks against your collected balance in the Money Market Fund. A nominal fee may be charged to your account if a check is returned due to insufficient funds. Please refer to your prospectus for further information regarding the fees.

You cannot write a check to close your account.

Yes, I wish to enjoy free checkwriting privileges for amounts of \$100 or more.

For corporate accounts, please provide a certified copy of the corporate resolution.

| | | | |
|---|---|------------------------------|-------------|
| Checkwriting Signature Card The Hartford Money Market Fund | Bank Account Number (please leave blank) | | |
| | Authorized Persons (printed name) | Authorized Signatures | Date |
| | 1. _____ | 1. _____ | _____ |
| | 2. _____ | 2. _____ | _____ |
| | 3. _____ | 3. _____ | _____ |
| 4. _____ | 4. _____ | _____ | |
| SUBJECT TO CONDITIONS LISTED BELOW. | | | |

Please allow 10 days for us to establish this privilege before payments can begin.

If you have elected the Check Redemption Privilege, this card must be completed. The card is similar to the one which must be signed when opening any checking account. All Joint Tenants named in the Account Registration must sign this card. If this card is signed by more than one person, all checks will require only one of the signatures appearing exactly as they appear above. Each signatory guarantees the genuineness of the other's signature. Names must be signed exactly as they appear in the Account Registration. All persons authorized to sign for Corporate Accounts, Partnerships, Associations, Trusts or Plans must sign this card.

In signing this card, the signator(s) agree to be subject to the customary rules and regulations governing checking accounts and to the conditions set forth below. If the Check Redemption Privilege is established after the opening of the account or if any change is made in the information listed above, all signatures will have to be guaranteed by a commercial bank trust company, or member of the NASD or a national stock exchange.

The payment of funds on the conditions set forth below and listed above is authorized by the signature(s) appearing on the above. The person(s) signing this form authorize U.S. Bank National Association to honor checks drawn by the signator(s) on their account.

U.S. Bank National Association is hereby appointed agent by the person(s) signing this card and will cause the Fund to redeem a sufficient number of shares from the account to cover checks presented for payment without requiring signature guarantees. Neither the Funds nor Transfer Agent will be liable for any loss, expense or cost arising out of check redemptions or checks returned without payment. Shares outstanding in the account for less than 15 days will not be liquidated to pay checks presented unless U.S. Bank National Association is assured that good payment has been collected through normal banking channels. U.S. Bank National Association has the right not to honor checks that are for less than \$100 or checks in an amount exceeding the value of the account at the time the check is presented for payment. The privilege is subject to the provisions of the current prospectus of the Fund as amended from time to time. This agreement may be modified or terminated at any time by the Fund or Transfer Agent upon notification mailed to the shareholder's address of record.

10. AUTOMATIC INVESTMENT PLANS

Automatic Investing from a Bank Account Or Credit Union

Invest the following amount in the following fund(s). Investments will be made monthly on the day of the month specified (any day, 1st through 28th) as the starting date. Please be sure your bank or credit union allows funds to be withdrawn by means of electronic funds transfer. Please also complete Section 6 if you have chosen this investment method. (Please indicate fund number and dollar amount or percentage).

MONTHLY MINIMUM \$50 PER FUND

Amount of Investment \$ _____

Start Date ____/____/____ Day (1st - 28th)

- Monthly
- Bi-Monthly
- Quarterly
- Semi-Annually
- Annually

Note: Unless otherwise indicated, this option will begin 30 days after receipt of this request, on the 15th of the month.

Fund Selection

| FUND NUMBER | DOLLAR AMOUNT | PERCENTAGE |
|-------------------------|---------------|------------|
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| TOTAL INVESTMENT | \$ _____ | OR _____% |

11. SYSTEMATIC WITHDRAWAL PLAN

Periodic withdrawals of \$50 or more per fund are available only for accounts with balances of \$5,000 or more.

You may request a specific dollar amount or annualized percentage of the market value of your account to be withdrawn (via ACH) on the day of the month specified (any day, 1st through 28th - withdrawals made by check can only be on the 10th or 25th). Deferred sales charges may apply to some redemptions as described in the prospectus under **About Your Account**.

Start Systematic Withdrawal Plan Beginning Month _____, Day (1st - 28th) _____.
Checks only 10th or 25th.

I would like to receive a payment each period representing an annualized percentage of the account(s) listed above.

- Monthly
- Quarterly
- Semi-Annually
- Annually

Send This Redemption By

- Electronic Transfer: to My Bank or Credit Union Account
(Please complete Section 6, *Bank Account or Credit Union Information*)
- Check: to Address of Record (as it appears in Section 2)
(Select 10th or 25th)
- Check: to Third Party:
(Please complete Section 12, *Payment To Others*)

Fund Selection

| FUND NUMBER | DOLLAR AMOUNT | PERCENTAGE |
|-------------------------|---------------|------------|
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| _____ | \$ _____ | OR _____% |
| TOTAL INVESTMENT | \$ _____ | OR _____% |

12. PAYMENTS TO OTHERS

To send systematic withdrawals (section 11) or distributions (Section 4) to a third party, please fill in the appropriate information below.

This address will be used for (check one): Systematic Withdrawals Distributions of Dividends and Capital Gains

First Name, Middle Initial, Last Name, Insurance or Other Company Name

Registration Name and Account or Insurance of Other Company Name

Address (including apartment or box number)

City

State

Zip

| The Hartford Mutual Funds | Class A | Class B | Class C |
|--------------------------------|---------|---------|---------|
| Advisers Fund | 210 | 211 | 212 |
| Balanced Allocation Fund | 1670 | 1671 | 1672 |
| Balanced Income Fund | 1289 | 1290 | 1291 |
| Capital Appreciation Fund | 214 | 228 | 237 |
| Capital Appreciation II Fund | 1205 | 1206 | 1207 |
| Checks and Balances Fund | 1591 | 1592 | 1593 |
| Conservative Allocation Fund | 1674 | 1675 | 1676 |
| Disciplined Equity Fund | 215 | 220 | 243 |
| Diversified International Fund | 1563 | 1564 | 1565 |
| Dividend and Growth Fund | 223 | 224 | 248 |
| Equity Growth Allocation Fund | 1662 | 1663 | 1664 |
| Equity Income Fund | 1658 | 1659 | 1660 |
| Floating Rate Fund | 1209 | 1210 | 1211 |
| Fundamental Growth Fund | 1269 | 1270 | 1271 |
| Global Communications Fund | 1224 | 1225 | 1226 |
| Global Equity Fund | 1574 | 1575 | 1576 |
| Global Financial Services Fund | 1220 | 1221 | 1222 |
| Global Growth Fund | 206 | 285 | 291 |
| Global Health Fund | 1610 | 1611 | 1612 |
| Global Technology Fund | 1606 | 1607 | 1608 |
| Growth Fund | 1228 | 1229 | 1230 |
| Growth Allocation Fund | 1666 | 1667 | 1668 |
| Growth Opportunities Fund | 1618 | 1619 | 1620 |
| High Yield Fund | 316 | 202 | 203 |
| High Yield Municipal Bond Fund | 1594 | 1595 | 1596 |
| Income Fund | 1638 | 1639 | 1640 |

| The Hartford Mutual Funds | Class A | Class B | Class C |
|----------------------------------|---------|---------|---------|
| Income Allocation Fund | 1678 | 1679 | 1680 |
| Inflation Plus Fund | 1646 | 1647 | 1648 |
| International Growth Fund | 1273 | 1274 | 1275 |
| International Opportunities Fund | 207 | 208 | 239 |
| International Small Company Fund | 1277 | 1278 | 1279 |
| LargeCap Growth Fund | 1320 | 1321 | 1322 |
| MidCap Fund | 937 | 978 | 238 |
| MidCap Growth Fund | 1201 | 1202 | 1203 |
| Money Market Fund | 940 | 290 | 259 |
| Select MidCap Value Fund | 1213 | 1214 | 1215 |
| Select SmallCap Value Fund | 1297 | 1298 | 1299 |
| Short Duration Fund | 1642 | 1643 | 1644 |
| SmallCap Growth Fund | 1622 | 1623 | 1624 |
| Small Company Fund | 205 | 227 | 231 |
| Stock Fund | 221 | 972 | 242 |
| Strategic Income Fund | 1598 | 1599 | 1600 |
| Target Retirement 2010 Fund | 1236 | 1237 | 1238 |
| Target Retirement 2020 Fund | 1240 | 1241 | 1242 |
| Target Retirement 2030 Fund | 1244 | 1245 | 1246 |
| Tax-Free California Fund | 1650 | 1651 | 1652 |
| Tax-Free National Fund | 1630 | 1631 | 1632 |
| Total Return Bond Fund | 217 | 218 | 254 |
| U.S. Government Securities Fund | 1634 | 1635 | 1636 |
| Value Fund | 1285 | 1286 | 1287 |
| Value Opportunities Fund | 1614 | 1615 | 1616 |



The Hartford Mutual Funds (Fund Numbers)

| The Hartford Mutual Funds | Class A - Fund # | Class B - Fund # | Class C - Fund # |
|----------------------------------|-------------------------|-------------------------|-------------------------|
| Advisers Fund | 210 | 211 | 212 |
| Balanced Allocation Fund | 1670 | 1671 | 1672 |
| Balanced Income Fund | 1289 | 1290 | 1291 |
| Capital Appreciation Fund | 214 | 228 | 237 |
| Capital Appreciation II Fund | 1205 | 1206 | 1207 |
| Checks and Balances Fund | 1591 | 1592 | 1593 |
| Conservative Allocation Fund | 1674 | 1675 | 1676 |
| Disciplined Equity Fund | 215 | 220 | 243 |
| Diversified International Fund | 1563 | 1564 | 1565 |
| Dividend and Growth Fund | 223 | 224 | 248 |
| Equity Growth Allocation Fund | 1662 | 1663 | 1664 |
| Equity Income Fund | 1658 | 1659 | 1660 |
| Floating Rate Fund | 1209 | 1210 | 1211 |
| Fundamental Growth Fund | 1269 | 1270 | 1271 |
| Global Communications Fund | 1224 | 1225 | 1226 |
| Global Equity Fund | 1574 | 1575 | 1576 |
| Global Financial Services Fund | 1220 | 1221 | 1222 |
| Global Growth Fund | 206 | 285 | 291 |
| Global Health Fund | 1610 | 1611 | 1612 |
| Global Technology Fund | 1606 | 1607 | 1608 |
| Growth Fund | 1228 | 1229 | 1230 |
| Growth Allocation Fund | 1666 | 1667 | 1668 |
| Growth Opportunities Fund | 1618 | 1619 | 1620 |
| High Yield Fund | 316 | 202 | 203 |
| High Yield Municipal Bond Fund | 1594 | 1595 | 1596 |
| Income Fund | 1638 | 1639 | 1640 |
| Income Allocation Fund | 1678 | 1679 | 1680 |
| Inflation Plus Fund | 1646 | 1647 | 1648 |
| International Growth Fund | 1273 | 1274 | 1275 |
| International Opportunities Fund | 207 | 208 | 239 |
| International Small Company Fund | 1277 | 1278 | 1279 |
| LargeCap Growth Fund | 1320 | 1321 | 1322 |
| MidCap Fund | 937 | 978 | 238 |
| MidCap Growth Fund | 1201 | 1202 | 1203 |
| Money Market Fund | 940 | 290 | 259 |
| Select MidCap Value Fund | 1213 | 1214 | 1215 |
| Select SmallCap Value Fund | 1297 | 1298 | 1299 |
| Short Duration Fund | 1642 | 1643 | 1644 |
| SmallCap Growth Fund | 1622 | 1623 | 1624 |
| Small Company Fund | 205 | 227 | 231 |
| Stock Fund | 221 | 972 | 242 |
| Strategic Income Fund | 1598 | 1599 | 1600 |
| Target Retirement 2010 Fund | 1236 | 1237 | 1238 |
| Target Retirement 2020 Fund | 1240 | 1241 | 1242 |
| Target Retirement 2030 Fund | 1244 | 1245 | 1246 |
| Tax-Free California Fund | 1650 | 1651 | 1652 |
| Tax-Free National Fund | 1630 | 1631 | 1632 |
| Total Return Bond Fund | 217 | 218 | 254 |
| U.S. Government Securities Fund | 1634 | 1635 | 1636 |
| Value Fund | 1285 | 1286 | 1287 |
| Value Opportunities Fund | 1614 | 1615 | 1616 |