

# Installment (Systematic) Payment Option Change Form for Governmental 457, IRA, 403(b) and Qualified Plans



THE  
HARTFORD

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

Overnight Mail Address:  
Retirement Plan Service Center  
Hartford Life Insurance Company  
1 Griffin Road North, Windsor, CT 06095-1512

Group No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Employer: \_\_\_\_\_

Participant Name: (Last, First, M.I.) \_\_\_\_\_

Name change? Please provide documentation

Mailing Address: \_\_\_\_\_

New?

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Resident State: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Best time to call

AM  PM

I wish to make the following change to my installment payment:

1. The **date** of the withdrawal: Select from the 1st through 28th of a month. \_\_\_\_\_  
Checks will be mailed within seven days after each withdrawal date. Payments made by Direct Deposit will be electronically transmitted two business days after each withdrawal date. If any withdrawal date falls on a non-business day, the withdrawal will be processed on the next business day.

\*2. The **amount** of the withdrawal \$ \_\_\_\_\_ or **number** of withdrawals \_\_\_\_\_ or **percent** of account value \_\_\_\_\_% .

\*3. The **frequency** of withdrawals:  Monthly  Quarterly  Semi-Annually  Annually

**\*CHANGES TO #2 OR #3 MAY EFFECT YOUR WITHHOLDING STATUS. PLEASE SUBMIT A NEW WITHHOLDING AUTHORIZATION FORM WHEN MAKING A CHANGE TO #2 OR #3. YOU MAY CONTACT A CUSTOMER SERVICE REPRESENTATIVE IN ORDER TO DETERMINE THE EFFECT OF THIS CHANGE.**

4. **Stop** withdrawals effective: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NOTE: A NEW INSTALLMENT (SYSTEMATIC) PAYMENT OPTION APPLICATION WILL BE REQUIRED TO RESTART YOUR PAYMENT PROGRAM.**

5. Withdrawals will be deducted from **contribution sources** as follows (select one):

Pro-rata from **all** contribution sources or

One of the following contribution sources:

*(Note: If one or more of your specified contribution sources are depleted, payments will be suspended until new instruction is received. Due to the source depletion, a lesser payment amount may result.)*

All Sources  Employee/ Pre-tax/ IRA  Employer/ ER Supplemental  Employer Match

414(h) Employee  Profit Sharing  Money Purchase  Employee After-tax

Rollover  Miscellaneous Rollover  Rollover After-tax  Roth Rollovers

Roth Contributions

6. Withdrawals will be deducted from **investment choices** as follows (select one):

Pro-rata **or**

Per investment choices

*(Note: If one or more of your specified investment choices are depleted, payments will be suspended until new instruction is received. Due to the fund depletion, a lesser payment amount may result. A maximum of nine investment choices can be selected.)*

_____ % _____ <i>Investment Choice</i>	_____ % _____ <i>Investment Choice</i>	_____ % _____ <i>Investment Choice</i>
_____ % _____ <i>Investment Choice</i>	_____ % _____ <i>Investment Choice</i>	_____ % _____ <i>Investment Choice</i>
_____ % _____ <i>Investment Choice</i>	_____ % _____ <i>Investment Choice</i>	_____ % _____ <i>Investment Choice</i>

I authorize this change to my installment payment program. I understand that if the request is received after the start date indicated or the existing payment date, the requested change will take place for the following payment frequency.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date