

Withholding Authorization Form

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



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

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

A. Federal Income Tax Withholding

Mandatory Withholding - Eligible Rollover Distribution

Mandatory 20% Federal income tax withholding is applied to all withdrawals payable to you, unless you directly roll over the distribution to an IRA or another eligible retirement plan.

Optional Withholding - Ineligible Rollover Distribution

The following distributions are not eligible for rollover, therefore, Federal income tax withholding is not mandatory. However, **unless you elect not to have Federal income tax withheld, income tax withholding will be applied at a rate of 10%.**

My reason for withdrawal is **(CHECK ONE)**:

- Unforeseeable Emergency
 Required Minimum Distribution
 Death Claim for beneficiaries other than surviving spouse

I elect **(CHECK ONE)**:

- NO Federal Income Tax Withholding
 10% Withholding
 Additional Withholding Amount \$ _____

Substantially equal periodic distributions made at least annually are also ineligible for rollover if made over 10 or more years or over the life expectancy of the employee (or the joint life expectancy of the employee and the employee's designated beneficiary). However, **if you do not select one of the options below, amounts will be withheld for federal tax purposes determined as though you were married and claiming three withholding allowances.** Your election will remain in effect until you revoke it, which you may do at any time by submitting a new Withholding Authorization Form to Hartford Life.

I elected Periodic Payments (Annuity/IPO/SWO) **AND**

I elect No Federal Income Tax Withholding; **OR**

I claim the following marital status and allowances :

- Married with _____ Number of Allowances; (optional) AND I elect additional Withholding in the amount of \$ _____.
 Single with _____ Number of Allowances; (optional) AND I elect additional Withholding in the amount of \$ _____.

B. State Income Tax Withholding

Please complete this section **only** if you reside in any of the following states and you are **not** electing to rollover 100% of your eligible distribution: **CALIFORNIA, DELAWARE, GEORGIA*, KANSAS, LOUISIANA, VIRGINIA****

- YES**, withhold tax _____% or \$ _____ **NO**, do not withhold tax

* **GEORGIA:** Lump Sum Payments are not subject to mandatory state income tax withholding.

Complete this section only if this payment is the first in a series of payments such as an annuity or similar periodic payment.

** **VIRGINIA:** In order to elect **NOT** to have taxes withheld, you must complete the State of Virginia Form VA-4P and remit along with this form.

If you reside in any of the following states and you are not electing to rollover 100% of your eligible distribution, state income tax **WILL** be withheld from the taxable portion of your distribution if Federal Income Tax is being withheld.

IOWA*, MAINE, MASSACHUSETTS**, NORTH CAROLINA***, OKLAHOMA, OREGON, VERMONT

* **IOWA:** Withholding is not required if the taxable portion of the payment is less than \$200 monthly or less than \$2,400 annually.

** **MASSACHUSETTS:** You may need to complete Massachusetts Form M-4P.

*****NORTH CAROLINA:** Where Federal Income Tax Withholding is not mandatory, in order to elect **NO WITHHOLDING**, you must complete Form NC-4P and remit along with this form.

C. Payee Authorization

I hereby acknowledge that I have received a written explanation of the withholding/rollover rules and that I have been provided with the ability to roll over all or part of the taxable portion of my distribution into an IRA (Individual Retirement Account) or another eligible Retirement Plan. I certify that all information above is true and accurate to the best of my knowledge. Further, I agree to waive my right to defer receipt of my payment up to 30 days and hereby elect an immediate distribution.

Payee's Signature _____

Date _____