Dollar Cost Averaging (DCA) Enrollment

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

TRUSTED 200 YEARS THE HARTFORD

Group Number:	Social Security Number:
Employer:	Department/ Location:

Participant Name: *(Last, First, M.I.)*
☐ Name Change? Please provide documentation

Mailing Address:
☐ New?

City:	State:	Zip:

Home Phone:	Work Phone:	Ext:

A. PROGRAM SELECTIONS:

☐ New Program **or** ☐ Change to an existing Program Note: you may not enroll in a Dollar Cost Averaging Program if you are enrolled in the Model My Goals Asset Allocation Program made available by your Plan Sponsor.

1. You may transfer from **all** contribution sources or from **one** contribution source. **Select contribution source:**
☐ All Sources ☐ Employee Contributions ☐ Employer Contributions ☐ Deferred Compensation Plan Rollovers
☐ Miscellaneous Rollovers ☐ Rollovers ☐ After-tax Rollovers

2. You must have a **minimum of $5000** in the General (Declared Rate) Account, the Hartford Money Market HLS or SEI Stable Value Fund at the start of the program.

At each interval transfer $_____ **from** ☐ General (Declared Rate) Account **or** ☐ Hartford Money Market HLS or ☐ SEI Stable Value Fund

3. Frequency of Transfers:
☐ Semi-Monthly ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

4. Duration of Program:
☐ Indefinitely (as long as either the General (Declared Rate) Account, Hartford Money Market HLS or SEI Stable Value Fund has a sufficient balance)
☐ Fixed Period: _____ Months (6 months minimum)

B. TRANSFER TO TARGET INVESTMENT OPTIONS:

Please specify target investment options (**5 maximum** with a minimum transfer of $100 per target investment option in whole dollars). To determine the investment options available to you, please consult your plan sponsor, your enrollment materials, visit our website, call toll free at 1-800-528-9009 or contact your local Hartford Life Representative.

_____ Investment Option $_____
_____ Investment Option $_____
_____ Investment Option $_____
_____ Investment Option $_____
_____ Investment Option $_____
Total $_____

You should carefully consider the investment objectives, risks, charges and expenses of The Hartford's group variable annuities, group variable funding agreements and their underlying funds before investing. This and other information can be found in the prospectus or disclosure documents (whichever is applicable). To obtain the applicable product prospectus or disclosure documents and the underlying funds prospectuses, call 1-800-528-9009. Please read them carefully before you invest or send money.

C. SIGNATURE

My signature indicates that I have authorized the program selected above. The program may be terminated at any time after 6 months by me or Hartford Life Insurance Company by providing written or verbal notice to the other party. Such termination will become effective prior to the next scheduled DCA transfer after Hartford Life Insurance Company's Home Office receives written or verbal notice. If the actual cash value in the source investment choice becomes less than the scheduled transfer amount on the actual transfer date, this agreement will automatically terminate. In the event that another transfer request or withdrawal request is received on the actual DCA transfer date, I understand that Hartford Life Insurance Company may delay processing this scheduled DCA transfer.

_____ Participant Signature

_____ Date