

Registered Investment Advisor Fee Payment and Transfer Authorization

For Standard Mail Delivery:
Hartford Life-IPS
Attention: Contact Center
PO Box 5085
Hartford, CT 06102-5085

**For Private Express Mail
Carriers:**
Hartford Life-IPS
Attention: Contact Center
200 Hopmeadow Street
Simsbury, CT 06089



Investment Professionals may call 1-800-862-7155 Clients may call 1-800-862-6668
Forms are available online at: www.hartfordinvestor.com

To be completed by the Contract Owner

Contract Owner (custodial contracts require custodians signature):	Owner's SSN or TIN:	Contract Number (Required):
Joint Owner (if applicable):	Annuitant (if different from Owner):	
Registered Investment Advisor Firm Name (RIA)	Broker/Dealer (Only required if the selling Agent is the RIA):	

The Owner of the above annuity contract should initial the appropriate authorization(s) below, read all sections and sign this Authorization where indicated. **This Authorization shall remain in effect until the earlier of:**

- The date Hartford Life receives notice of termination of this Authorization by either an Owner or the Registered Investment Advisor ("RIA") in a form and manner acceptable to Hartford Life;
- The full surrender or total distribution of the Annuity;
- Receipt by Hartford Life of notification of an Owner's death;
- The transfer of ownership or assignment of the Contract;
- The receipt by Hartford Life of a court order appointing a trustee or guardian on behalf of the Owner;
- Annuitization of the Contract;
- The receipt by Hartford Life of information that the RIA has changed broker-dealer affiliation.

Authorization Section

_____ Transfer authorization (Owner(s) must initial)

By initialing above, I hereby:

- ♦ Authorize Hartford Life to comply with any telephoned, mailed, or faxed sub-account transfer instructions requested by the RIA listed above, individuals listed on FPA Form or submitted as separate list to Hartford Life. I understand that by authorizing my RIA to make transfers, Hartford Life will only accept transfer instructions from my RIA.
- ♦ Agree that Hartford Life will send written confirmations of any sub-account transfer to the Owner with a copy to the agent of record. Owner agrees to notify Hartford Life immediately of any errors in the confirmation.
- ♦ Agree that this Authorization supersedes any prior RIA authorizations for the Contract.

By initialing above, I agree to release Hartford Life from any liability that may occur by following the transfer instructions of the RIA.

_____ RIA Fee Payment Authorization (Owner(s) must initial)

By initialing above, I hereby:

- ♦ Authorize Hartford Life to deduct RIA fee payments (and any associated tax withholding) from the Annuity, upon written instructions by the RIA listed above, individuals listed on FPA Form or submitted as separate list to Hartford Life.
- ♦ Instruct Hartford to pay the amount deducted directly to the RIA listed above. The deduction must be a specific dollar amount of the Annuity. RIA Fee Payments will be taken on a pro-rata basis from the assets invested in the sub-accounts of the Annuity.
- ♦ Acknowledge and understand that partial surrender for the RIA fee payment in excess of the Annual Withdrawal Amount will be charged a Contingent Deferred Sales Charge, if applicable.
- ♦ Acknowledge and understand that the deduction of the RIA fees could reduce both, the Principal First Benefit Amount payable to me and/or the death benefit payable to my beneficiaries.

By initialing above, I agree to release Hartford Life from any liability that may occur by following my instructions to deduct RIA fees from the Annuity.

Registered Investment Advisor Fee Payment and Transfer Authorization (continued)

Tax Considerations

Substantially Equal Periodic Payments:

I acknowledge that if Hartford Life is making substantially equal periodic payments under Section 72(t) that unscheduled partial surrenders to deduct for RIA fee payments may jeopardize the tax treatment of all payments made. Furthermore, a recapture tax may apply to payments that have been made in the past. If Hartford Life is making substantially equal periodic payments out of a non-qualified contract under Section 72(q), the unscheduled partial surrenders to deduct RIA fee payments will generally jeopardize the tax treatment of all payments made and a recapture tax will generally apply to payments that have been made in the past. I agree to seek advice from a qualified tax advisor prior to requesting RIA fee payment deductions under these circumstances and I further agree to release and hold Hartford Life harmless from any liability for making RIA fee payment deductions.

IRA or 403(b) Annuity:

In order to make RIA fee payment deductions from an Annuity held as an IRA or a 403(b) annuity, I certify that I have executed an agreement with the RIA that includes provisions that state that:

- 1) The RIA's fee payment is to be paid solely with assets from the Annuity and not from any other source;
- 2) The RIA's fee is to be paid directly to the RIA.

I understand and agree that my RIA will send Hartford Life a form that Hartford Life will follow as my instructions to pay the amount on the form directly to the RIA. I understand that Hartford Life will not report deductions from my Annuity for payment of RIA fees to the Internal Revenue Service. However, Hartford Life reserves the right to change its procedures or to modify or terminate this Authorization if necessary to stay in compliance with federal tax laws.

Annuities Other than IRA or 403(b) Annuities:

I understand and agree that partial surrenders from my Annuity used to pay RIA fees will be reported as taxable to the extent of gain in the annuity contract and will be subject to ordinary income tax. If taken prior to age 59 ½, these taxable distributions may also be subject to a 10% federal income tax penalty.

Tax Withholding:

I understand and agree that the partial surrenders from my Annuity may make me liable for the payment of Federal income tax on the taxable portion of the distribution. Gains from non-qualified contracts purchased in the same calendar year from the same company (or its affiliates) will be aggregated to determine the taxable amount. I elect not to withhold taxes on the taxable portion of the partial surrender used to make the RIA fee payments. I understand that I am responsible for payment of any estimated tax and that I may incur penalties under the estimated tax rules if my estimated tax payments are not sufficient. I further understand that I may revoke this election at any time by contacting Hartford Life and requesting that withholding be conducted on the taxable portion of future partial surrenders. However, the amount of a partial surrender subject to withholding shall be grossed up to account for the additional withholding amount while maintaining a net payment to the Advisor equal to the scheduled RIA fee.

Disclaimer:

Hartford Life makes no representations regarding the tax treatment of partial surrenders used to pay RIA fees. I understand that I am responsible for determining whether or not my personal financial situation is appropriate for these types of partial surrenders. I understand that by following my instructions concerning the payment of RIA fees that Hartford Life has no responsibility or liability for any taxes, penalties, and/or interest which may be assessed by the Internal Revenue Service, state or municipal tax authority or other administrative tribunal or court.

Signatures

By signing below I indicate that, in addition to the conditions listed above, I acknowledge that I have received a prospectus for the Annuity. I also acknowledge that I have been made fully aware of the distinction between the fees deducted from the Annuity by Hartford Life as payment for the Annuity and the RIA fees deducted from the Annuity by Hartford Life as payment to my RIA. I acknowledge that all transactions in connection with this Authorization must comply with the most recent prospectus for the Annuity and must be in accordance with the procedures established by Hartford Life.

X

Owner Signature (Required)

Date Signed

X

Joint Owner Signature (if applicable)

Date Signed