

Third Party Authorization Form

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

For Private Express Mail Carriers:
Hartford Life-IPS
Attention: Contract Management
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

Helpful Hints/General Information

- This form is designed to permit the contract owner(s) to designate an individual with contract owner rights (Authorized Person).
- Inquiries and/or instructions will only be taken from an authorized person, over the telephone on our recorded lines.
- This form should be reviewed and signed by the contract owner(s).

The following signatures are required for this form.

Contract Owner

Joint Contract Owner (if applicable)

Trustee as Owner: If the Trust Document is not already on record with Hartford Life, please include the Title and Signature pages of the Trust Document. Trustee(s) must sign in that capacity, i.e. John Doe, trustee.

Section A – Contract Owner Information

Please Note: Please provide all information requested.

Contract Owner Name:	Contract Number:	Contract Owner SSN:
Joint Contract Owner Name (if applicable):	Joint Contract Owner SSN (if applicable):	
Annuitant Name (if different than contract owner):	Telephone Number:	Best time to call: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

Section B – Authorization Information

Designated Rights (select all that apply):

Definitions of rights

Access to contract information <input type="checkbox"/>	<u>Access to contract information</u> - This allows the authorized person to access financial and non-financial information regarding your annuity. This includes your contract value, surrender value and annuity registration (contract owner name, annuitant name, beneficiary designation).
Transfer amounts among the investment choices applicable to your contract <input type="checkbox"/>	<u>Transfers among the investment choices</u> - This allows the authorized person to transfer amounts between investment choices, subject to all contract restrictions. Please see your contract and/or prospectus for details on restrictions.
Provide investment/allocation instructions <input type="checkbox"/>	<u>Provide investment/allocation instructions</u> - This allows the authorized person to direct the allocation of any subsequent premium payments to the various investment choices.
All of the above <input type="checkbox"/>	

Third Party Authorization Form (continued)

Section B – Authorization Information (continued)

Name of Authorized Person*

***Please note:** The Authorized Person is expected to complete a full security check when accessing the contract at Hartford Life.

Section C – Acknowledgement

I hereby authorize Hartford Life to act on instructions from me and the Authorized Person named above for the rights designated. We will accept these instructions from the Authorized Person **via verbal authorization only**. I hereby agree to indemnify and hold harmless Hartford Life, its subsidiaries and affiliates from all losses, expenses, costs and liability of any nature that may arise as a result of any action taken by Hartford Life, its subsidiaries and affiliates in reliance upon this authorization. The above authorization may be modified or revoked, at any time by me by providing written or verbal notice to Hartford Life. Hartford Life may terminate, modify or amend this authorization upon notice to the Contract Owner.

X

Contract Owner/Trustee

Date

Title (if applicable)

Medallion Stamp Here

X

Joint Contract Owner/Co-Trustee (if applicable)

Date

Title (if applicable)

Medallion Stamp Here

Please Note: Signature Guarantee (Medallion) Stamp if applicable must be provided in the box(es) above. If the contract owner is a trust, please provide us with the Title and Signature pages of the Trust Document, to identify the Trustee(s) of the trust.