BENEFICIARY DESIGNATION FORM INSTRUCTIONS



You must select your beneficiary – the person (or more than one person) or legal entity (or more than one entity) who receives a benefit payment if you die while covered by the plans. Please make sure that you also name a contingent beneficiary – who would receive your benefit if your primary beneficiary dies first.

The completion of this Beneficiary Form will revoke any previous beneficiary designation(s), if any, for your group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group/employer.

Please make sure your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than one primary or contingent beneficiary, show the percentage of your benefit to be paid to each beneficiary. The listed percentages must add up to 100%. Please provide all of the information requested. If your beneficiary is not related either by blood or by marriage, insert the words, "Not Related" as their stated relationship. If you need assistance, contact your Company's benefits administrator or your own legal advisor.

A beneficiary for employee Life Insurance may be changed at any time upon written request.

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA).

Sample wording for common beneficiary designations are shown below:

Example #1:

Jane Doe Relationship: Spouse Benefit Percentage: 100%

Example #2:

Jane Doe Relationship: Spouse Benefit Percentage: 50%

Susan Doe Relationship: Daughter Benefit Percentage: 25%

John Doe Relationship: Son Benefit Percentage: 25%

If additional space is required, write, "See attached", on the beneficiary line on the beneficiary designation form and attach a separate sheet, listing all the required beneficiary information for each beneficiary listed. This separate sheet should be signed by you (the Employee) and dated.

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.thehartford.com. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). The Hartford also provides administrative and claim services for employer leave of absence programs and self-funded disability benefit plans.

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BENEFICIARY DESIGNATION

previous beneficiary designation(s), if an	Change of all prior beneficiary designation(s) (checking, for my group term life insurance and/or accidental deather insurance proceeds payable under the policy be paid as	h and dismemberment (AD&D) insurance issued to
Employee Name:	Employee ID Number:	Social Security Number:
Employee Address:	'	Telephone Number:
Policyholder/Employer:		Policy Number:
that you name a primary and contown legal counsel. Benefits paya	ICIARY ry designation be clear so there will be no quest tingent beneficiary. If you need assistance, conta ble for a Dependent's death are payable, where fit to Your surviving spouse or to the executors of	act your Company representative or your applicable, to You if living, otherwise, We
PRIMARY BENEFICIARY(IES)		
Name:		Date of Birth:
Address:		Telephone Number: ()
Social Security Number:	Relationship:	Benefit Percent: %
Name:		Date of Birth:
Address:		Telephone Number: ()
Social Security Number:		Benefit Percent: %
Name:		
Social Security Number:	Relationship:	Benefit Percent: %
CONTINGENT BENEFICIARY(IES)		
Name:		Date of Birth:
Address:		Telephone Number: ()
Social Security Number:	Relationship:	Benefit Percent: %
Name:		Date of Birth:
Address:		Telephone Number: ()
Social Security Number:	Relationship:	Benefit Percent: %
Louisiana, Nevada, New Mexico, Puerto your spouse to waive his or her rights to consent. Please see your Benefits Adm This will certify that, as spouse of the Enbeneficiaries of group life and/or acciden	operty States Only: If you live in a community property so Rico, Texas, Washington, or Wisconsin - you may complete any community property interest in the benefit. Certain trininistrator for details. Imployee named above, I hereby consent to my spouse detail death insurance under the above policy and waive any reserved. I understand that this consent and waiver supersede a	ete the Spousal Consent section, which allows bal jurisdictions may also require spousal signating the person(s) listed above as ights I may have to the proceeds of such insurance
I the undersigned reserve the right	t to change the beneficiary(ies) without the consent	of said beneficiary(ies)
Signature of Employee: Please note that in no event may a bene	eficiary be changed by a Power of Attorney (POA)	Date:

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