

BENEFICIARY DESIGNATION FORM INSTRUCTIONS

You must select your beneficiary – the person (or more than one person) or legal entity (ore more than one entity) who received 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 primay beneficiary dies first.

The completion of this Beneficairy Form will revole any previous beneficiary designations(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 on primary or contingent, 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 deisngation 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® is The Hartford Financial Services Group, Inc. and its subsidiaries.

