

Pre-Retirement Catch-up Notification - Deferred Compensation

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



Group Number:	Participant Number:	Social Security Number:
Employer:		Department /Location
Plan:		
Participant Name: <i>(Last, First, M.I.)</i>		
<input type="checkbox"/> Name Change? Please provide documentation		
Mailing Address:		
<input type="checkbox"/> New?		
City:	State:	Zip:
Home Phone:	Work Phone:	Ext:

A. PRE-RETIREMENT CATCH-UP NOTIFICATION

Normal Retirement Age (as defined in the Plan document): _____

Three consecutive year Pre-Retirement Catch-up Period: _____, _____, _____ (ends with calendar year preceding calendar year in which you will attain Normal Retirement Age.)

Total Pre-Retirement Catch-Up Amount: \$ _____.

In accordance with the terms of the Plan and my Employer's established policies and procedures, my normal retirement age is as stated above. For the Pre-Retirement Catch-Up Period stated above, I am eligible to defer additional amounts in accordance with and subject to the pre-retirement catch-up rule set forth in the Plan and at Internal Revenue Code Section 457(b)(3). In accordance with this rule, during this period, I am eligible to defer, in total, the lesser of the amount stated above or the limits imposed under Internal Revenue Code Section 457(b)(3). The amount stated above represents the amount of previously underutilized limitations determined under the Plan.

Employee Signature

Date

B. EMPLOYER SIGNATURE

We the undersigned understand and agree that the Participant is eligible to make deferrals to the Plan in excess of the standard limit imposed under Internal Revenue Code Section 457(b)(2)(A) up to the limit imposed by Section 457(b)(3) for the Pre-Retirement Catch-Up Period set forth above.

Employer

Date

Instructions:

- 1. Submit the completed Notification to Hartford Life at the address above.**
- 2. Provide a copy to your Employer and complete a salary deferral agreement.**
- 3. Keep a copy for your records.**