



**Hartford Life** HARTFORD LIFE INSURANCE COMPANY  
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

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**CONSENT FORM FOR PAYMENT OF ACCELERATED DEATH BENEFITS**

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Policy Number: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

I \_\_\_\_\_

the ☐ Assignee ☐ Irrevocable Beneficiary of the policy described above acknowledge that \_\_\_\_\_

\_\_\_\_\_ has requested the payment of an accelerated benefit under his/her certificate.

I hereby consent to the payment of an Accelerated Death Benefit to \_\_\_\_\_

\_\_\_\_\_. I further understand that the payment of an Accelerated Death Benefit

reduces the amount of insurance payable on the death of \_\_\_\_\_

by the amount of the benefit paid. By executing this consent I hereby release ☐ The Hartford Life Insurance

Company ☐ The Hartford Life and Accident Insurance Company from any and all liability to the extent of the

Accelerated Death Benefit paid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me:

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public