

# Housing Agency Retirement Trust

## FORM #130

### REQUEST FOR PARTIAL PAYMENTS UNDER THE "AGE 55 OR OLDER PROVISION"

If you are **age 55 or older and have terminated employment**, you may elect to receive your distributions in partial payments, in whatever amounts you choose, and you may elect to receive them as often as monthly. You are not required to take a payment every month, nor do the payments always have to be in the same amount. The amount and frequency of your payments can vary. On this form, you have **three choices**: (1) you may elect a one-time request to receive a single payment (and then send in another form whenever you need the next amount); or (2) you may start monthly recurring payments that will be paid to you the in the same amount each month (until you stop or change them); or (3) you may change your monthly recurring payments by stopping them or changing the amount.

No matter which of these options you choose, you will always have the right to change to another option on this form. Or, you may elect another option available to you under this Plan (like an annuity or rollover), using Form #150-Request for Benefit Payment, which is available on our website: www.hart-retire.com. For all distributions requested on this form, **20%** of the taxable portion of each distribution will be withheld and paid to the Internal Revenue Service on your behalf. If applicable, any mandatory state tax will also be withheld. If you terminated employment prior to the year you attained age 55, any payments you receive before age 59½ may be subject to the 10% penalty.

• **Direct Deposit – Bank/Institution Information** – Please attach voided check

Name of Bank/Institution: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type (Check One)

Checking Account or  Savings Account

1. **Elect a One-Time Request**

I am requesting that \$ \_\_\_\_\_ be paid to me in one single payment, and I request that the processed from my Retirement Plan account on (or about) \_\_\_\_\_ (month, day, year).

**One-Time Requests** are processed **every business day before noon EST**. In some cases, same day service may not apply, but the check will be mailed within 2 business days. Please allow adequate time for mail delivery (generally 3 to 5 business days after the check is mailed). Checks are sent via regular US Mail from **ADP Retirement Services in Salem, New Hampshire**. Or, if we have a voided check on file for you, **funds may be direct deposited** within 2 to 3 business days of the distribution. Any future One-Time Requests must be submitted on separate Forms #130, although multiple forms may be sent in all at once. You may make requests as often as monthly, and the amount of each request may vary.

2. **Start Monthly Recurring Payments**

I elect to **start** receiving regular recurring payments of \$ \_\_\_\_\_ per month, until I notify you otherwise, or until my account balance is exhausted, with the first such payment made by the **15<sup>th</sup>** day of \_\_\_\_\_ (month/year).

Provided this completed Form #130 is received by the Plan Administrator via mail or fax **by the 5<sup>th</sup> day of the month**, the distribution will be processed out of your account by the 10<sup>th</sup> day of that month. Checks will be either: (1) **mailed** within 2 business days via regular US Mail from **ADP Retirement Services in Salem, New Hampshire**, or (2) **direct deposited** within 2 to 3 business days provided we have a voided check on file for you.

3. **Stop or Change a Monthly Recurring Request**

To stop or change a previous Monthly Recurring Request, this Form #130 must be received by the Plan Administrator by mail or fax by the **3<sup>rd</sup> day of the month** in which the change is to occur.

Please **stop** my Recurring Payments so that no payment is received for the month of \_\_\_\_\_ (month/year).

Please **change the amount** of my payments to be \$ \_\_\_\_\_ per month starting with the payment I am to receive during the month of the \_\_\_\_\_ (month/year).

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Zip Code

598 \_\_\_\_\_  
Plan Number (if known)

- -  
\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Daytime Phone Number

Housing Agency Retirement Trust  
c/o ADP Retirement Services  
P. O. Box 22669  
Louisville, KY 40252-0669

You may mail this form, or fax it to:  
Fax: 1-973-712-7489  
Phone: 1-800-798-2044, ext. 3