(Use this Form to accompany a Rollover check into the HART Plan.)

Housing Agency Retirement Trust

HART

Transfer/Rollover Form - 180A

Social Security #: ___ – ___ – ____

Employee Name: _____
Last, First, Middle

Address: _____ _____
Street Apt. # / PO Box #

_____ _____ _____ – _____
City State Zip Code

I TRANSFER/ROLLOVER INSTRUCTIONS

This Transfer/Rollover Form is used to invest prior plan money in your Plan account. The rollover must be completed within 60 days of receipt of the distribution, come from an IRA or from another employer s plan and represent all or a portion of a lump sum distribution, or an installment distribution of less than ten years. In the context of a direct rollover or transfer, in which the funds are never actually made payable to you, the 60-day period for completing a rollover is inapplicable.

Section II.A. Identify the total amount of the Transfer/Rollover. A certified or bank check must accompany this form for the stated dollar amount. Pre-printed checks are required. Handwritten checks will be returned. **Please include your Agency Plan Number on the check made payable to HART.**

Section II.B. Check (√) the appropriate box to identify the source of this Transfer/Rollover.

Section II.C. This rollover may include after-tax contributions.

Section III. Read the acknowledgment and then sign and date the form.

Note: If you have not previously enrolled in the Plan, please complete an Enrollment Form #110, which is available online at www.hart-retire.com.

II AMOUNT/SOURCE OF TRANSFER/ROLLOVER

A. Enter the dollar amount of monies to be transferred/rolled into the plan. $ _____ . ____ ☐ This is a Full Transfer/Rollover ☐ This is a Partial Transfer/Rollover

B. This transfer/rollover must be a distribution from one of the following "Eligible Retirement Plans": a **457(b)** Plan, a **403(b)** Tax-Sheltered Annuity Plan, or a **Qualified Plan**, such as a 401(a) or 401(k) Plan. Other acceptable transfer/rollover sources include: "**IRA, SEP-IRA, SIMPLE IRA** (if funds have been in account at least 2 years)". Please check the approoriate box below and obtain from your previous plan administrator verification in writing that it is one of these types. **Please enclose that written verification with your check. We must receive this information before we can accept the transfer/rollover.**

☐ §457(b) Plan ☐ §403(b) Tax Sheltered Annuity ☐ IRA

☐ SEP-IRA ☐ SIMPLE IRA

☐ **Qualified Plan of (check one):**

☐ an Unrelated Employer ☐ a Related Employer

Name of Company/Plan Issuing Check: _____

_____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Current Account #: _____

C. Note: This Plan does accept transfer/rollovers of after-tax contributions. If applicable, please provide signed verification of the after-tax amount from your prior recordkeeper.

III ACKNOWLEDGMENT, TRANSFER/ROLLOVER INVESTMENT DIRECTION AND SIGNATURE

I have read and understand the summary of the plan, have completed the Beneficiary Form if I have not previously enrolled in the plan, and agree to be bound by the provisions of the Plan. I have also reviewed a current prospectus and description of each of the funds, and understand the objectives, risks, expenses and charges associated with each. I certify that:

- I received the distribution from the source indicated above within the last 60 days (60-day requirement not applicable in the case of a direct rollover).
- The transfer/rollover is from the rollover source indicated above and has not been combined with any money that would disqualify the transfer/rollover.
- No portion of this rollover contribution represents amounts received as a hardship distribution from an employer plan.

If I do not yet have an account balance under the Plan, I understand that I need to complete the Enrollment Form #110 and enclose with this form. I understand that my rollover **contribution will be invested in accordance with my investment election on file,** unless I contact the recordkeeper to instruct otherwise.

Signature of Employee/Participant	Name of Housing Agency	Daytime Phone Number	Date

Send this form, rollover check, and verification of the rollover source. If applicable confirm any after-tax amounts.

Regular Mail:
ADP NJ CRS
P.O. Box 13399
Newark, NJ 07101-3399

Overnight Mail:
ADP C/O FIS
Attention: Lockbox 13399
400A Commerce Boulevard
Carlstadt, NJ 07072

Phone: 1-800-798-2044 ext. 1, 2, or 3

Fax: 502-429-5972

FOR PLAN ADMINISTRATOR USE ONLY (MUST BE COMPLETED)

Plan # 5 9 8 ☐ ☐ ☐

Date Received: _____ HART/ADP Approval: _____