

Plan Number: 5 9 8

Social Security Number:

Employee Name: Last, First, Middle

I. Beneficiary Instructions - This form revokes any previous designations.

This Beneficiary Designation Form is used to designate the recipient of your retirement account balance, and if applicable your life insurance benefit, payable upon your death.

Section II. A primary beneficiary and a contingent beneficiary may be designated. If the primary beneficiary(ies) predeceases you, the contingent beneficiary(ies) will receive the account balance. If you elect to designate more than two primary and/or more than two contingent beneficiaries, you must attach any additional beneficiary form(s). Please ensure all primary beneficiaries' benefit percentages total 100%. Also, ensure all contingent beneficiaries' benefit percentages total 100%. Please note that a Joint Primary Beneficiary can be the same person named as the contingent beneficiary. If none of my designated beneficiaries are living at the time of my death, or I have not designated a beneficiary, then any distribution of my retirement plan accounts shall be paid in a single sum to my estate. Sign and date the form upon completion.

II. Beneficiary Designation - Retirement Plan

Primary Beneficiary form with fields for SSN, Name, Mailing Address, City, State, Zip, and Relationship.

Primary Beneficiary form with fields for SSN, Name, Mailing Address, City, State, Zip, and Relationship.

Contingent Beneficiary form with fields for SSN, Name, Mailing Address, City, State, Zip, and Relationship.

Contingent Beneficiary form with fields for SSN, Name, Mailing Address, City, State, Zip, and Relationship.

III. Beneficiary Designation - Supplemental Death Benefit / Life Insurance (if applicable)

Primary Beneficiary form with fields for SSN, Name, Mailing Address, City, State, Zip, and Relationship.

Primary Beneficiary form with fields for SSN, Name, Mailing Address, City, State, Zip, and Relationship.

Contingent Beneficiary form with fields for SSN, Name, Mailing Address, City, State, Zip, and Relationship.

Contingent Beneficiary form with fields for SSN, Name, Mailing Address, City, State, Zip, and Relationship.

IV. I certify that this information is correct.

Signed at (City, State) this the day of Month, Year

Name of Employer, Signature of Agency Authorized Official or Notary (Required), Signature of Employee

Notary Public (Signature), Date, Commission Expires

Agency keep original, employee keep a copy and fax form to: 1-973-712-7489 Housing Agency Retirement Trust, c/o ADP Retirement Services, PO Box 22669, Louisville, KY 40252-0669 PHONE: 1-800-798-2044