

The Housing Agency Retirement Trust 457b Deferred Compensation Plan

Enrollment Form

Plan Number: **064114** Company Code _____

Social Security #: _____ - _____ - _____

Employee Name: _____
Last, First, Middle

Address: _____
Street

Apt. # / PO Box # _____

City _____ State _____ Zip Code _____

Birth Date: _____ Hire Date: _____
Month Day Year Month Day Year

I. Choose your Contribution Rate (Deductions are subject to maximum deferral limits.)

- My Before-Tax Contribution Election: _____ % OR \$ _____ .00 Per Pay Period Per Month
(Check One)
- My Roth After-Tax Contribution Election: _____ % OR \$ _____ .00 Per Pay Period Per Month
(Check One)

For ADP Processing
DO NOT KEY IN DATA FROM THIS SECTION (SECTION I)

NOTE: Catch-up Contributions - You may be eligible to make additional pre-tax contributions if you are age 50 or older and your Plan permits catch-up contributions. If you are interested in making these additional contributions, please contact your Plan Representative at 1-800-798-2044.

II. Make Your Investment Election Below (Enter whole %'s only. Total must equal 100%)

| Investment Options | Fund ID | Ticker Symbol | Percent | Investment Options | Fund ID | Ticker Symbol | Percent |
|--|---------|---------------|---------|---|---------|---------------|---------|
| Vanguard Federal Money Market Fund – Investor | S5 | VMFXX | % | Vanguard Target Retirement Fund 2055 | 79 | VFFVX | % |
| Dodge & Cox Income Fund | Y9 | DODIX | % | Vanguard Target Retirement Fund 2060 | DC | VTTSX | % |
| Vanguard Total Bond Market Index Fund - Institutional | 4L | VBPIX | % | Vanguard Target Retirement Fund 2065 | DS | VLXVX | % |
| PGIM High Yield Fund – Class R6 | TB | PHYQX | % | PIMCO All Asset Fund – Institutional Class | JR | PAAIX | % |
| Vanguard Inflation-Protected Securities Fund - Admiral | 4K | VAIPX | % | JP Morgan Disciplined Equity Fund – R6 | OK | JDEUX | % |
| Vanguard Target Retirement Income Fund | 6U | VTINX | % | Vanguard 500 Index Fund - Admiral | TJ | VFIAX | % |
| Vanguard Target Retirement Fund 2015 | NH | VTXVX | % | Vanguard Mid-Cap Index Fund - Admiral | 7E | VIMAX | % |
| Vanguard Target Retirement Fund 2020 | 0I | VTWVX | % | Hartford MidCap Fund - Y | 7X | HMDYX | % |
| Vanguard Target Retirement Fund 2025 | 0O | VTTVX | % | Vanguard Small-Cap Index Fund – Admiral | JO | VSMAX | % |
| Vanguard Target Retirement Fund 2030 | HS | VTHRX | % | T. Rowe Price Institutional Small Cap Stock Fund | 5D | TRSSX | % |
| Vanguard Target Retirement Fund 2035 | W6 | VTTHX | % | Vanguard Total International Stock Index Fund - Institutional | Q6 | VTSNX | % |
| Vanguard Target Retirement Fund 2040 | GI | VFORX | % | American Funds EuroPacific Growth Fund - R6 | 8G | RERGX | % |
| Vanguard Target Retirement Fund 2045 | D8 | VTIVX | % | DFA Emerging Markets Portfolio - I | SI | DFEMX | % |
| Vanguard Target Retirement Fund 2050 | 58 | VFIFX | % | American Century Real Estate Fund - R6 | TY | AREDX | % |
| Total (must equal 100%) | | | | | | | % |

- Automatically rebalance my entire account balance to match my most current investment allocation (Check (√) one):
- Quarterly (Mar, Jun, Sep, Dec) Semi-Annually (Jun, Dec) Annually (Dec)

III. Acknowledgement and Signature

I have read and understand the summary describing the Plan, have completed the Beneficiary Form and agree to be bound by the provisions of the Plan. I have also reviewed a current prospectus for each of the portfolios, and understand the objectives, risks, expenses and charges associated with each. I authorize the company to make the necessary payroll deductions from my compensation as indicated in Section I. of this form. This election will remain in effect until I elect to change or to discontinue the payroll deductions. Furthermore, I understand that if I fail to complete the investment election in Section II., I will be deemed to direct that future contributions will be invested in the plans default fund. I also understand that my deferral election will be effective as soon as reasonably possible after this form is received and processed.

Signature of Employee/Participant _____

Date: _____

Name of Employer _____

Signature of Agency Authorized Official _____

Date: _____

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

The Housing Agency Retirement Trust 457b Deferred Compensation Plan Beneficiary Designation Form

Plan Number: **064114** Company Code _____

Social Security #: _____ - _____ - _____

Employee Name: _____
Last, First, Middle

I. Beneficiary Instructions

The Beneficiary Designation Form is used to designate the recipient of your account balance upon your death. This form must be completed by all employees when completing the Enrollment Form or Rollover Form (if not previously enrolled).

Section II. A primary beneficiary must and a secondary beneficiary may be designated.

If the primary beneficiary(ies) predeceases you, the secondary beneficiary(ies) will receive the account balance. You must attach an additional beneficiary form(s), if you elect to designate more than two primary and/or more than two secondary beneficiaries. Please ensure all primary beneficiaries' benefit percentages total 100%. Also, ensure all secondary beneficiaries' benefit percentages total 100%. Please note that a Joint Primary Beneficiary can be the same person named as the secondary beneficiary. Sign and date the form upon completion.

II. Beneficiary Designation

Primary Beneficiary

SSN: _____ - _____ - _____
 Name: _____
Last, First Middle
 Address: _____
Street Apt # / PO Box#

City, State, Zip
 Relationship: _____
 Birth Date: _____ %
Month Day Year

SSN: _____ - _____ - _____
 Name: _____
Last, First Middle
 Address: _____
Street Apt # / PO Box#

City, State, Zip
 Relationship: _____
 Birth Date: _____ %
Month Day Year

Contingent Beneficiary

SSN: _____ - _____ - _____
 Name: _____
Last, First Middle
 Address: _____
Street Apt # / PO Box#

City, State, Zip
 Relationship: _____
 Birth Date: _____ %
Month Day Year

SSN: _____ - _____ - _____
 Name: _____
Last, First Middle
 Address: _____
Street Apt # / PO Box#

City, State, Zip
 Relationship: _____
 Birth Date: _____ %
Month Day Year

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 plan accounts shall be payable to a default beneficiary or beneficiaries in accordance with the terms of the plan. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary survives me, the contingent beneficiary(ies) shall acquire the designated share of my plan balance.

 Name (please print)

 Signature of Employee/Participant

 Date:

 Name of Employer

 Signature of Agency Authorized Official

 Date:

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