

The Housing Agency Retirement Trust 457b Deferred Compensation Plan **Change Form**

Plan Number: **064114** Company Code _____

For Housing Authority use ONLY

Social Security #: [] [] [] - [] [] - [] [] [] []

Employee Name: _____
First, Middle, Last

Your Contribution Election (Deductions are subject to maximum deferral limits.)

I elect to discontinue my pre-tax contributions effective: _____ / _____ / _____
Month Date Year

I elect to change my pre-tax contributions as indicated below effective: _____ / _____ / _____
Month Date Year

I elect to contribute [] [] % of my before-tax compensation. (Enter whole %'s only)

Or
\$ [] , [] [] . [] Per Pay Period Per Month
(Check One)

I elect to discontinue my Roth contributions effective: _____ / _____ / _____
Month Date Year

I elect to change my Roth contributions as indicated below effective: _____ / _____ / _____
Month Date Year

I elect to contribute [] [] % of my Roth compensation. (Enter whole %'s only)

Or
\$ [] , [] [] . [] Per Pay Period Per Month
(Check One)

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.

Acknowledgement and Signature

Signature of Employee/Participant

Date:

Name of Employer

Signature of Agency Authorized Official

Date:

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