

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

Plan Number: **064114** Company Code _____

Social Security #: _____ - _____ - _____

Employee Name: _____

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)

Date:

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