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

Transfer/Rollover Form - 180

Housing Agency Retirement Trust

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J J- ·	,	1144		Translet/Rollover Form - 100
Social Security #:	-			
Employee Name:				
Limployee Maine.	Last, First, Middle			
Address:	Last, i ii st, iviidule			
Auuress.	Street.			Ant # / DO Doy #
	Street			Apt. # / P0 Box # —
	C:-			75-0-1-
	City		State	Zip Code
This Transfer/Rollover Form	an and represent all or a po		ıllment distribution of les	hin 60 days of receipt of the distribution, come from an IRA or is than ten years. In the context of a <u>direct</u> rollover or transfer,
				rm for the stated dollar amount. Pre-printed checks are required.
			an Number on the	<u>check made payable to State Street Bank and Trust</u>
		ntify the source of this Transfer/Rollover.		
	over <u>may</u> include after-tax o			
	e acknowledgment and then	sign and date the form. an, please complete an Enrollment Form #1	I 10 which is available o	nline at www.hart retire com
Mote. II you have not pro	eviously emittied in the i	an, piease complete an Emoninent Form #	110, willcii is avallable ol	illille at www.iiaitilelile.com.
	OF TRANSFER/ROLLOV	. 5 5 2	occomposocompananananananananananananananananananan	This is a Full This is a Partial
A. Enter the dolla	r amount of monies to be tr	ansferred/rolled into the plan. \$		Transfer/Rollover Transfer/Rollover
a 401(a) or 40	1(k) Plan. Other acceptable a helow and obtain from you	e transfer/rollover sources include: "IRA, SI	EP-IRA, SIMPLE IRA (if in writing that it is one of the control of	lan, a 403(b) Tax-Sheltered Annuity Plan, or a Qualified Plan , such funds have been in account at least 2 years)". Please check the of these types. Please enclose that written verification with yo
§ 457(b) Plan	§403(b) Tax Shelter	ed Annuity IRA	Name of Compa	nny/Plan Issuing Check:
500005	900000	ed Annuity Line	Vqqtoss.	
SEP-IRA	SIMPLE IRA		Auu 655	
3,,,,,,3	an of (check one):			State: Zip:
an Unrelated	Employer 🔙 a Relate	d Employer	Phone:	
0 N . TI' N			Current Accoun	
C. Note: This Pla	in <u>does</u> accept transfer/rollo	vers of after-tax contributions. If applicable	e, piease provide signed	verification of the after-tax amount from your prior recordkeeper.
III ACKNOWLEDGMI	ENT, TRANSFER/ROLLO	VER INVESTMENT DIRECTION AND S	IGNATURE	
I have read and understand	the summary of the plan, h	ave completed the Beneficiary Form if I ha	ve not previously enrolled	f in the plan, and agree to be bound by the provisions of the Plan.
I have also reviewed a curr	ent prospectus and descript	ion of each of the funds, and understand th	e objectives, risks, exper	nses and charges associated with each. I certify that:
		ce indicated above within the last 60 days		
		source indicated above and has not been c epresents amounts received as a hardship (r that would disqualify the transfer/rollover.
•		·	·	
·		, I understand that I need to complete the my investment election on file, unless		nd enclose with this form. I understand that my rollover
Contribution <u>vviii be nivi</u>	Stea in accordance with	my myostilicht cioction on mic, unless	T contact the recorance	per to instruct otherwise.
Signature of Employee/Par	ticipant	Name of Housing Agency		Daytime Phone Number Date
0 1 41 6		Danulau Maile		Quarnight Mail:
Send this form, ro	nover cneck, and eversource. If applicable	Regular Mail:		Overnight Mail: ADP C/O FIS
confirm any after-tax		ADP NJ CRS P.O. Box 13399		Attention: Lockbox 13399
John Mary artor tax		Newark, NJ 07101-3399		Lockbox Dept Suite E
		, ,		100 Grove Road
		Phone: 1-800-798-2	2044 ext. 1, 2, or 3	West Deptford, NJ 08066
		Fax: 973-712-74	89	
		FOR PLAN ADMINISTRATOR USE	: NNI Y (MIIST RF COM	IPI FTFN\
Plan # 5	9 8	Date Received:	HART/ADP A	sppiovai.