## HOUSING AGENCY RETIREMENT TRUST **ENROLLMENT FORM #110**

PLEASE TYPE ALL INFORMATION ON THIS FORM

IMPORTANT !! Use this form only to enroll newly-eligible employees. Do not use this form to change data on existing participants.

Once you have met the eligibility provisions as stipulated in the Agency's Joinder Agreement, participation in this Retirement Plan is mandatory, a condition of employment.

REQUEST FOR MEMBERSHIP - ACCEPTANCE OF PROVISIONS - DESIGNATION OF BENEFICIARY - AUTHORIZATION OF **DEDUCTIONS - INVESTMENT ELECTIONS** 

Plan Number:	<b></b>		- T																		
	59	3	3																		
Agency Name: _																					
Name:	Last							F	First						Midc	ماا					
Mailing Address:																				_	
City:																					
State:					Zip	Code:															
Social Security N	Number:											Se	x: [	Mal	le		Fem	ale			
Date of Birth:	Mont	th		Day				Year		D	ate Hired	:	M	onth			Day			Y	ear
Annual Salary:	\$						<u>.</u>														
hereby apply for	r membe	<b>rship</b> i	in this	Plan e	effecti	ve the	first	day c	of:		Month		Ye	ar							
<ul> <li>I have read a s</li> <li>I accept and ag</li> <li>If applicable, I i</li> <li>I have read and</li> </ul>	gree to be hereby au	e boun uthorize	d by th e my E	e prov imploy	risions er to w	of the ithholo	Plan d thro	and th ough p	periodio	c pay	oll deduc	tions	my re					the F	Plan.		
Check One:	_																			_Aut	hority.
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## INVESTMENT OF CONTRIBUTIONS

INVESTMENT FUNDS: I want the current contributions invested as follows: (Enter whole percentages - Must add up to 100%)

ALL CONTRIBUTIONS (If you make no election, all contributions will be invested in the Target Retirement Fund)

FUND MANAGER	FUND NAME	TICKER	FUND ID	ELECTION MUST EQUAL 100% ENTER WHOLE <b>%'S</b> ONLY
Invesco	Fixed/Stable Value Fund	N/A	H8	%
Vanguard	Total Bond Market Index Institutional	VBTIX	LO	%
Dodge & Cox	Income Fund	DODIX	0P	%
SSgA	US Inflation Protected Bond NL Series – Class C	N/A	0S	%
Vanguard	Institutional Target Retirement Income Fund	VITRX	0Z	%
Vanguard	Institutional Target Retirement 2015 Fund	VITVX	10	%
Vanguard	Institutional Target Retirement 2020 Fund	VITWX	11	%
Vanguard	Institutional Target Retirement 2025 Fund	VRIVX	12	%
Vanguard	Institutional Target Retirement 2030 Fund	VTTWX	13	%
Vanguard	Institutional Target Retirement 2035 Fund	VITFX	14	%
Vanguard	Institutional Target Retirement 2040 Fund	VIRSX	15	%
Vanguard	Institutional Target Retirement 2045 Fund	VITLX	16	%
Vanguard	Institutional Target Retirement 2050 Fund	VTRLX	17	%
Vanguard	Institutional Target Retirement 2055 Fund	VIVLX	18	%
Vanguard	Institutional Target Retirement 2060 Fund	VILVX	19	%
Vanguard	Institutional Target Retirement 2065 Fund	VSXFX	1A	%
PIMCO	All Asset Fund Institutional	PAAIX	00	%
SSgA	S&P 500 Index Fund NL Series Fund Class C	N/A	0G	%
JPMorgan	JP Morgan U.S. Research Enhanced Equity Fund – R6	JDEUX	0K	%
SSgA	S&P Midcap Index NL Series Fund Class C	N/A	0V	%
Hartford	MidCap Fund HLS IA	HIMCX	OT	%
SSgA	Russell Small Cap Index NL Series Fund Class S	N/A	OU	%
T. Rowe Price	Institutional Small Cap Stock Fund	TRSSX	OL	%
Vanguard	Vanguard Total International Stock Index Fund Institutional	VTSNX	QO	%
American Funds	EuroPacific Growth Fund R6	RERGX	OM	%
American Century	REIT Real Estate Fund R6	AREDX	ON	%
			TOTAL	100 %
_	ire account automatically rebalanced: (to match <b>the %'s</b> most real		e investment of my c	contributions).
	s to choose one): 🔲 Quarterly 🔲 Semi-annually 🔲 Annu			
may discontinue these cont have a salary change. If I s AFTER-TAX CONTRIBUTI contributions are subject to	voluntary after-tax contributions. I understand these are entirely vibutions at any time. I may select a percentage of pay, or a dollar select a dollar amount, it will remain that amount until I submit a ONS OF (CHOOSE ONLY ONE):% OF MY SALAF the following maximum IRS individual limit: For calendar year 2021, annot exceed whichever is smaller: \$58,000 or 100% of my annual s	amount. If I select a change on Form # <sup>*</sup> RY ~ OR ~ \$ the total of all contri	a percentage, my col 160. I DESIRE TO M PER MON butions made to the F	ntribution will change whenever I AKE ADDITIONAL VOLUNTARY TH. I understand these additional Plan each year either by me or by
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		S	OCIAL SECURITY	

SOCIAL SECURITY NUMBER

## PLEASE COMPLETE PAGES 1, 2 & 3 **Revised June 2021**

Housing Agency Reti	rement Trust	Beneficiary Designation Form - #110A							
Plan Number: 5 9	8 Social S	ecurity Number:							
Employee Name:									
Last, First	•								
I. Beneficiary Instruct									
Section II. A primary beneficiary and a balance. If you elect to designate mor beneficiaries' benefit percentages total person named as the contingent benefit	ed to designate the recipient of your retirement acco contingent beneficiary may be designated. If the p re than two primary and/or more than two continge 100%. Also, ensure all contingent beneficiaries' b iciary. If none of my designated beneficiaries are lin n a single sum to my estate. <b>Sign and date the for</b>	primary beneficiary(ies) prede ent beneficiaries, you must a benefit percentages total 100 iving at the time of my death	cceases you, the contingent beneficiary(ies ttach any additional beneficiary form(s). F %. Please note that a Joint Primary Ben	) will receive the accou Please ensure all prima eficiary can be the san					
II. Beneficiary Designation	ation – Retirement Plan								
Primary Beneficiary           SSN:	%	Primary Beneficiary SSN:		%					
Name:		Name:							
-		-							
City:	State: Zip:	City:	State:	Zip:					
Relationship:	ex: (Spouse, Daughter, Son, etc.)	Relationship:	ex: (Spouse,	Daughter, Son, etc.)					
Contingent Beneficiary SSN: Name:			ıry 	%					
Mailing Address:									
	State: Zip:		State:						
Relationship:	ex: (Spouse, Daughter, Son, etc.)	Relationship:	ex: (Spouse,	Daughter, Son, etc.)					
III. Beneficiary Design	nation - Supplemental Death	Benefit / Life In	surance (if applicable)						
Primary Beneficiary		Primary Beneficiary							
SSN:		SSN:	··	<u> </u> %					
		Mailing Address:							
City:	State: Zip:	City:	State:	Zip:					
Relationship:	ex: (Spouse, Daughter, Son, etc.)	Relationship:	ex: (Spouse,	Daughter, Son, etc.)					
Contingent Beneficiary SSN:			· ··	<b></b> %					
Mailing Address: City:	State: Zip:		State:						
	ex: (Spouse, Daughter, Son, etc.)	·	ex: (Spouse,	·					
IV. I certify that this in		·		••••					
Signed at (City, State)	this	theday of _	Month	,Year					
Name of Employer	Signature of Agency Authorized C	Official <u>(Required)</u>	Signature of Employee						
	eep <b>original</b> , employee keep a copy and <u>either fa</u> ng Agency Retirement Trust, c/o ADP Retirem PHONE: 1-80	nent Services, PO Box 226	• •	1					

## PLEASE COMPLETE PAGES 1, 2 & 3