## 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 partipants.

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

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PLEASE COMPLETE PAGES 1, 2 & 3

## **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 %'S ONLY
Invesco	Fixed/Stable Value Fund	N/A	Н8	%
SSgA	US Bond Index Securities Lending Fund Class XIV	N/A	1D	%
Dodge & Cox	Income Fund	DODIX	0P	%
SSgA	US Inflation Protected Bond Index Fund Class II	N/A	1B	%
Vanguard	Target Retirement Income Fund - Investor Class	VTINX	02	%
Vanguard	Target Retirement 2020 Fund - Investor Class	VTWNX	05	%
Vanguard	Target Retirement 2025 Fund - Investor Class	VTTVX	06	%
Vanguard	Target Retirement 2030 Fund - Investor Class	THRX	07	%
Vanguard	Target Retirement 2035 Fund - Investor Class	VTTHX	0E	%
Vanguard	Target Retirement 2040 Fund - Investor Class	VFORX	08	%
Vanguard	Target Retirement 2045 Fund - Investor Class	VTIVX	09	%
Vanguard	Target Retirement 2050 Fund - Investor Class	VFIFX	0A	%
Vanguard	Target Retirement 2055 Fund - Investor Class	VFFVX	0B	%
Vanguard	Target Retirement 2060 Fund - Investor Class	VTTSX	0C	%
Vanguard	Target Retirement 2065 Fund - Investor Class	VLXVX	NY	%
Vanguard	Target Retirement 2070 Fund - Investor Class	VSVNX	8Q	%
PIMCO	All Asset Fund Institutional	PAAIX	0Q	%
SSgA	S&P 500 Index Securities Lending Fund Class II	N/A	OW	%
JPMorgan	JP Morgan U.S. Research Enhanced Equity Fund – R6	JDEUX	0K	%
SSgA	S&P Midcap Index Securities Lending Class XIV	N/A	1E	%
Champlain	Champlain Mid Cap Fund Institutional Class	CIPIX	0X	%
SSgA	Russell Small Cap Index Fund Class II	N/A	1C	%
T. Rowe Price	Institutional Small Cap Stock Fund	TRSSX	0L	%
SSgA	Global All Cap Equity Ex US Index Fund Class II	VTSNX	1F	
American Funds	EuroPacific Growth Fund R6	RERGX	OM	<u>%</u>
American Century	REIT Real Estate Fund R6	AREDX	0N	%
American Century	NET Near Estate Failure	AILDA	TOTAL	100 %
☐ I elect to have my e	ntire account automatically rebalanced: (to match the %'s most re	cently elected for th		l
I desire to make <b>additiona</b> may discontinue these co have a salary change. If <b>AFTER-TAX CONTRIBU</b>	ws to choose one): Quarterly Semi-annually Annual voluntary after-tax contributions. I understand these are entirely ntributions at any time. I may select a percentage of pay, or a dollar I select a dollar amount, it will remain that amount until I submit a TIONS OF (CHOOSE ONLY ONE): % OF MY SALAI	voluntary and are or amount. If I select and the change on Form # RY ~ OR ~ \$	a <b>percentage</b> , my co 160. I DESIRE <b>TO M</b> PER MON	ntribution will change whenever I IAKE ADDITIONAL VOLUNTARY TH. I understand these additional
	o the following maximum IRS individual limit: For calendar year 2025 f cannot exceed whichever is smaller: \$70,000 or 100% of my annual s			
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DEPT = FITELM TASK = ENROLL

Housing Agency Reti	rement Trust	Ber	neficiary [	Designa	tion Fo	orm - #	‡110A			
Plan Number: 5 9	8 Social S	Security Number:		-	-					
Employee Name:										
Last, First										
. Beneficiary Instruct	ions									
	ed to designate the recipient of your retirement accordingent beneficiary may be designated. If the		-				so the eas			
balance. If you elect to designate mor beneficiaries' benefit percentages total person named as the contingent benefi	e than two primary and/or more than two conting 100%. Also, ensure all contingent beneficiaries' ciary. If none of my designated beneficiaries are a single sum to my estate. Sign and date the fo	ent beneficiaries, you must at benefit percentages total 100 living at the time of my death,	ttach any additior %. Please note	nal beneficiary that a Joint F	r form(s). F Primary Bend	Please ensu eficiary can	ure all prin			
I. Beneficiary Designa	tion – Retirement Plan									
Primary Beneficiary		Primary Beneficiary								
SSN:		SSN:					%			
ame:		Name:	<del></del>							
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ity:	State: Zip:	City:			State:	Zip: _				
elationship:	ex: (Spouse, Daughter, Son, etc.)	Relationship:		e	C: (Spouse,	Daughter, S	Son, etc.)			
Contingent Beneficiary	%	Contingent Beneficia	-				%			
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V. I certify that this in	formation is correct.									
Signed at (City, State)	this	theday of		<b>N</b> onth		,	Year			
oigned at (oity, otato)						Signature of Employee				
Name of Employer	Signature of Agency Authorized 0	Official (Required)		ianature of F	mplovee					

DEPT = FITELM TASK = ENROLL