## 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

| Plan Number:  |                        | <u> </u>         | <u> </u>        |                          | 1              |                  |                |                  |                |                |         |       |        |       |        |       |      |     |       |      |            |        |       |             |    |
|---|------------------------|------------------|-----------------|--------------------------|----------------|------------------|----------------|------------------|----------------|----------------|---------|-------|--------|-------|--------|-------|------|-----|-------|------|------------|--------|-------|-------------|----|
|   | 5                      | 9                | 8               |                          |                |                  |                |                  |                |                |         |       |        |       |        |       |      |     |       |      |            |        |       |             |    |
| Agency Name: _  |                        |                  |                 |                          |                |                  |                |                  |                |                |         |       |        |       |        |       |      |     |       |      |            |        |       |             | -  |
| Name:   | Last                   |                  |                 |                          |                |                  |                |                  |                | Fi             | irst    |       |        |       |        |       |      | Mic | ldle  |      |            |        |       |             | -  |
| Mailing Address   |                        |                  |                 |                          |                |                  |                |                  |                |                |         |       |        |       |        |       |      |     |       |      |            |        |       |             |    |
| City:   |                        |                  |                 |                          |                |                  |                |                  | Si             | tate:          |         |       |        |       |        |       |      | z   | ip Co | ode: |            |        |       |             |    |
| Email Address: _  |                        |                  |                 |                          |                |                  |                |                  |                |                |         |       |        |       |        |       |      |     |       |      |            |        |       |             |    |
| Social Security   | Number:                |                  |                 |                          |                |                  |                |                  |                |                |         |       |        |       | Sex    | . [   | ] м  | ale |       | ] f  | emale      |        |       |             |    |
| Date of Birth:  | Mor                    | nth              |                 | D                        | Day            |                  |                |                  | Yea            | ar             |         | Da    | ate Hi | ired: | [      | м     | onth |     |       | Da   |            |        |       | Year        |    |
| Annual Salary:  | \$                     |                  |                 |                          |                | •                |                |                  |                |                |         | J     |        |       | L      |       | onth |     |       |      | <u>, y</u> |        |       | <u>rear</u> |    |
| l hereby apply fo   | or membe               | ership           | o in th         | nis Pl                   | lan e          | ffecti           | ive th         | ne fir:          | st da          | ay of          | f:      |       | Mont   | h     |        | Ye    | ar   |     |       |      |            |        |       |             |    |
| <ul> <li>I have read a</li> <li>I accept and a</li> <li>If applicable, I</li> <li>I have read ar</li> </ul> | igree to b<br>hereby a | e bou<br>uthori: | ind by<br>ze my | <sup>,</sup> the<br>y Em | provi<br>ploye | sions<br>er to v | of th<br>vithh | ne Pla<br>old th | an ar<br>hroug | nd th<br>gh pe | eriodio | c pay | oll de | duct  | ions r | ny re |      |     |       |      |            | Plan.  |       |             |    |
| Check One:  | _                      |                  |                 |                          |                |                  |                |                  |                |                |         |       |        |       |        |       |      |     |       |      |            |        | Au    | thorit      | y. |
|   |                        |                  |                 |                          |                |                  |                |                  |                |                |         |       |        |       |        |       |      |     |       |      |            |        | _     |             | _  |
| Signed by   |                        | EMPL             |                 |                          |                |                  |                |                  |                |                |         |       |        |       |        |       | E    | MPL | .OYE  | r na | ME         |        |       |             |    |
| Signed by   | SIGN                   | ATUR             | RE OF           | EMI                      | PLO            | YEE              |                |                  |                |                |         |       |        |       | SIG    | SNAT  | URE  | OF  | AUTH  | IORI | ZED O      | FFICIA | L     |             | -  |
| Signed this   | day o                  | f                |                 |                          |                |                  |                | _, 20            | 0              |                |         | Si    | gned   | this  |        | da    | y of |     |       |      |            |        | _, 20 | )           | -  |
| DEPT = FITELN   | Л                      |                  |                 |                          |                |                  | PLE            | EASE             | E CO           | ЭМ             | PLE1    | E P/  | AGE    | S 1,  | 2&     | 3     |      |     |       |      |            |        | Ра    | ge <b>1</b> | of |

TASK = ENROLL

## **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<br>MANAGER  | FUND NAME   | TICKER          | FUND ID        | ELECTION MUST<br>EQUAL 100% ENTER<br>WHOLE %'S ONLY |
|------------------|---|-----------------|----------------|---|
| Invesco          | Fixed/Stable Value Fund                                       | N/A             | H8             | %   |
| 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             | %   |
| 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 Stock Fund                                  | N/A             | 1C             | %   |
| T. Rowe Price    | Institutional Small Cap Stock Fund                            | TRSSX           | 0L             | %   |
| SSgA             | Global All Cap Equity Ex US Index Fund Class II               | N <b>/</b> A    | 1F             | %   |
| American Funds   | EuroPacific Growth Fund R6                                    | RERGX           | 0M             | %   |
| American Century | REIT Real Estate Fund R6                                      | AREDX           | 0N             | %   |
| lf sele          | cting a Target Retirement Fund, choose the year that is close | est to the year | r you attain a | ge 65:  |
| 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                  | VTHRX           | 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           | OM             | %   |
|                  |   |                 | TOTAL          | 100%  |

I elect to have my entire account automatically rebalanced: (to match the %'s most recently elected for the investment of my contributions).

## □ (Use keyboard arrows to choose one): □ Quarterly □ Semi-annually □ Annually

I desire to make additional voluntary after-tax contributions. I understand these are entirely voluntary and are over and above any contributions required by this Plan. I may discontinue these contributions at any time. I may select a percentage of pay, or a dollar amount. If I select a percentage, my contribution will change whenever I have a salary change. If I select a dollar amount, it will remain that amount until I submit a change on Form #160. I DESIRE TO MAKE ADDITIONAL VOLUNTARY AFTER-TAX CONTRIBUTIONS OF (CHOOSE ONLY ONE): \_\_\_\_\_\_% OF MY SALARY ~ OR ~ \$\_\_\_\_\_\_PER\_MONTH. I understand these additional contributions are subject to the following maximum IRS individual limit: For calendar year 2025, the total of all contributions made to the Plan each year either by me or by my employer on my behalf cannot exceed whichever is smaller: \$70,000 or 100% of my annual salary. (The \$70,000 limit may be increased by the IRS after 2025)

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

January 2025

| Housing Agency Retiremen  | it Trust   | Beneficiary Designation Form - #110A   |   |   |  |  |  |  |  |  |
|---|--|--|---|---|--|--|--|--|--|--|
| Plan Number: 5 9 8  | Social S   | ecurity Number:  |   |   |  |  |  |  |  |  |
| Employee Name:  |  |  |   |   |  |  |  |  |  |  |
| Last, First, Middle   |  |  |   |   |  |  |  |  |  |  |
| I. Beneficiary Instructions   |  |  |   |   |  |  |  |  |  |  |
| This Beneficiary Designation Form is used to desig<br><b>Section II.</b> A primary beneficiary and a contingent<br>balance. If you elect to designate more than two<br>beneficiaries' benefit percentages total 100%. Al<br>person named as the contingent beneficiary. If no<br>retirement plan accounts shall be paid in a single s | beneficiary may be designated. If the primary and/or more than two contingeso, ensure all contingent beneficiaries' lone of my designated beneficiaries are l sum to my estate. <b>Sign and date the for</b> | orimary beneficiary(ies) predeceases<br>ant beneficiaries, you must attach ar<br>benefit percentages total 100%. Ple<br>iving at the time of my death, or I ha | you, the contingent beneficiary(ies)<br>y additional beneficiary form(s). P<br>ase note that a Joint Primary Bene | will receive the accour<br>ease ensure all primar<br>ficiary can be the sam |  |  |  |  |  |  |
| II. Beneficiary Designation -   | - Retirement Plan  |  |   |   |  |  |  |  |  |  |
| Primary Beneficiary           SSN:  |  |  |   | <b></b> %   |  |  |  |  |  |  |
| Name:   |  |  |   |   |  |  |  |  |  |  |
| Mailing Address:<br>City:   |  | -  | State:  |   |  |  |  |  |  |  |
| Relationship:   |  |  | ex: (Spouse, I  |   |  |  |  |  |  |  |
| Contingent Beneficiary  |  | Contingent Beneficiary   |   | <b>·</b> · · · ,  |  |  |  |  |  |  |
| SSN: Name:  |  | SSN:   |   | <b>%</b>  |  |  |  |  |  |  |
| Mailing Address:  |  | Mailing Address:   |   |   |  |  |  |  |  |  |
| City:   | State: Zip:  | City:  | State:  | Zip:  |  |  |  |  |  |  |
| Relationship:   | _ ex: (Spouse, Daughter, Son, etc.)  | Relationship:  | ex: (Spouse, I  | aughter, Son, etc.)   |  |  |  |  |  |  |
| III. Beneficiary Designation  | - Supplemental Death   | Benefit / Life Insura  | ance (if applicable)  |   |  |  |  |  |  |  |
| Primary Beneficiary   |  | Primary Beneficiary  |   |   |  |  |  |  |  |  |
| SSN:  | %  | SSN:   |   | %   |  |  |  |  |  |  |
| Name:   |  | Name:  |   |   |  |  |  |  |  |  |
| Mailing Address:  |  | -  |   |   |  |  |  |  |  |  |
| City:   |  |  | State:  |   |  |  |  |  |  |  |
| Relationship:   | _ ex: (Spouse, Daughter, Son, etc.)  | Relationship:  | ex: (Spouse, I  | Daughter, Son, etc.)  |  |  |  |  |  |  |
| Contingent Beneficiary           SSN:   |  |  |   | <b></b> %   |  |  |  |  |  |  |
| Name:<br>Mailing Address:   |  |  |   |   |  |  |  |  |  |  |
| City:   |  |  | State:  |   |  |  |  |  |  |  |
| Relationship:   | _ ex: (Spouse, Daughter, Son, etc.)  | Relationship:  | ex: (Spouse, I  | )aughter, Son, etc.)  |  |  |  |  |  |  |
| IV. I certify that this information   | ation is correct.  |  |   |   |  |  |  |  |  |  |
| Signed at (City, State)   | this   | theday of  | Month   | ,<br>Year   |  |  |  |  |  |  |
| Name of Employer  | Signature of Agency Authorized C   | Official (Required)  | Signature of Employee   |   |  |  |  |  |  |  |
| Please  | e keep a copy and mail or en<br>using Agency Retirement Trust, PO<br>PHONE: 1-8  | nail to: ADPRS.eforms@;<br>Box 22669, Louisville, KY 40252-  | adp.com   |   |  |  |  |  |  |  |

## PLEASE COMPLETE PAGES 1, 2 & 3