

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

Transfer/Rollover Form

Housing Agency Retirement Trust

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Social Security #:	-	-			
Employee Name:	Last, First, Middle				
Address:	Street City		State	Apt. # / PO Box — Zip Code	,
This Transfer/Rollover Forr from another employer s pl	an and represent all or a po		n installment distribution of less than	days of receipt of the distribution, context of a direct	
Section II.B. Check (Section III.C. This roll Section III. Read the	itten checks will be returned the appropriate box to ide over <u>may</u> include after-tax o e acknowledgment and then	g. Please include your Agent entify the source of this Transfer/Rol contributions. sign and date the form.	cy Plan Number on the chec	the stated dollar amount. Pre-printe k made payable to State Str	•
A. Enter the dolla B. This transfer/r a 401(a) or 40	ollover must be a distribution of the control of th	ansferred/rolled into the plan. \$ on from one of the following "Eligible e transfer/rollover sources include: "I our previous plan administrator verifi	RA, SEP-IRA, SIMPLE IRA (if funds cation in writing that it is one of the:	This is a Full Transfer/Rollover 403(b) Tax-Sheltered Annuity Plan, o have been in account at least 2 years se types. Please enclose that writt	s)". Please check the
\$111115	;······	on before we can accept the trans	ster/rollover. Name of Company/P	lan Issuing Check:	
§ 457(b) Plan	,,,,,,	ed Annuity IRA			
SEP-IRA	SIMPLE IRA				
3,,,,,,3	an of (check one):			State:	
an Unrelated Employer a Related Employer		Phone: Current Account #:			
C. Note: This Pla	nn <u>does</u> accept transfer/rollo	overs of after-tax contributions. If ap	_	ation of the after-tax amount from yo	our prior recordkeeper.
I have read and understand I have also reviewed a curr I received th The transfer No portion o	I the summary of the plan, I rent prospectus and descript ne distribution from the sour r/rollover is from the rollover of this rollover contribution	tion of each of the funds, and unders rce indicated above within the last 60 r source indicated above and has not represents amounts received as a har	if I have not previously enrolled in the tand the objectives, risks, expenses a D days (60-day requirement not applic been combined with any money that dship distribution from an employer p	would disqualify the transfer/rollover. lan.	ertify that:
			te the Enrollment Form #110 and end unless I contact the recordkeeper to	close with this form. I understand the instruct otherwise.	iat my rollover
Signature of Employee/Part	ticipant	Name of Housing Agency		Daytime Phone Number	Date
Send this form, ro verification of the rollo confirm any after-tax	versource. If applicable	Regular Mail: ADP NJ CRS P.O. Box 13399 Newark, NJ 07101-3399 Phone: 1-888	ADF Atte Loci 101	rnight Mail: PC/O FIS ention: Lockbox 13399 kbox Dept Suite 201 Woodcrest Road rry Hill, NJ 08003	
		COD DI ANI ADMINISTRATO	D HEE ONLY MALLET DE COMP. ET	ED)	
B. "		FOR PLAN ADMINISTRATO Date Received:	R USE ONLY (MUST BE COMPLET HART/ADP Approv		
Plan # 5	9 8				•