

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:

5	9	8			
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Agency Name: _____

Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Social Security Number:

			-			-				
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Sex: ☐ Male ☐ Female

Date of Birth:

		-			-				
Month		Day		Year					

Date Hired:

		-			-				
Month		Day		Year					

Annual Salary: \$ _____.

I hereby apply for membership in this Plan effective the first day of:

Month	Year

- I have read a summary of the plan and understand the benefits.
- I accept and agree to be bound by the provisions of the Plan and the Trust Agreement, and any amendments made to it.
- If applicable, I hereby authorize my Employer to withhold through periodic payroll deductions my required contributions to the Plan.
- I have read and understand the information provided about the 26 investment funds available.

Check One: ☐ This is the first time I have enrolled in this Plan.

☐ I was a member previously when I worked for _____ Authority.

EMPLOYEE NAME

EMPLOYER NAME

Signed by _____

SIGNATURE OF EMPLOYEE

SIGNATURE OF AUTHORIZED OFFICIAL

Signed this _____ day of _____, 20____

Signed this _____ day of _____, 20____

DEPT = FITELM
TASK = ENROLL

PLEASE COMPLETE PAGES 1, 2 & 3

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August 2025

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	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	%
Eaton Vance	Atlanta Capital SMID Cap Fund	ERASX	1G	%
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/A	1F	%
American Funds	EuroPacific Growth Fund R6	RERGX	0M	%
American Century	REIT Real Estate Fund R6	AREDY	0N	%

If selecting a Target Retirement Fund, choose the year that is closest to the year you attain age 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	0M	%
			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**)

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EMPLOYEE NAME

SOCIAL SECURITY NUMBER

PLEASE COMPLETE PAGES 1, 2, & 3

DEPT = FITELM
TASK = ENROLL

August 2025

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Plan Number:

5

9

8

Social Security Number:

Employee Name:

Last, First, Middle

I. Beneficiary Instructions

This Beneficiary Designation Form is used to designate the recipient of your retirement account balance, and if applicable your life insurance benefit, payable upon your death.

Section II. A primary beneficiary and a contingent beneficiary may be designated. If the primary beneficiary(ies) predeceases you, the contingent beneficiary(ies) will receive the account balance. If you elect to designate more than two primary and/or more than two contingent beneficiaries, you must attach any additional beneficiary form(s). Please ensure all primary beneficiaries' benefit percentages total 100%. Also, ensure all contingent beneficiaries' benefit percentages total 100%. Please note that a Joint Primary Beneficiary can be the same person named as the contingent beneficiary. If none of my designated beneficiaries are living at the time of my death, or I have not designated a beneficiary, then any distribution of my retirement plan accounts shall be paid in a single sum to my estate. **Sign and date the form upon completion.**

II. Beneficiary Designation – Retirement Plan**Primary Beneficiary**

SSN: _____ - _____ - _____ %

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ ex: (Spouse, Daughter, Son, etc.)

Primary Beneficiary

SSN: _____ - _____ - _____ %

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ ex: (Spouse, Daughter, Son, etc.)

Contingent Beneficiary

SSN: _____ - _____ - _____ %

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ ex: (Spouse, Daughter, Son, etc.)

Contingent Beneficiary

SSN: _____ - _____ - _____ %

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ ex: (Spouse, Daughter, Son, etc.)

III. Beneficiary Designation - Supplemental Death Benefit / Life Insurance (if applicable)**Primary Beneficiary**

SSN: _____ - _____ - _____ %

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ ex: (Spouse, Daughter, Son, etc.)

Primary Beneficiary

SSN: _____ - _____ - _____ %

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ ex: (Spouse, Daughter, Son, etc.)

Contingent Beneficiary

SSN: _____ - _____ - _____ %

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ ex: (Spouse, Daughter, Son, etc.)

Contingent Beneficiary

SSN: _____ - _____ - _____ %

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ ex: (Spouse, Daughter, Son, etc.)

IV. I certify that this information is correct.Signed at (City, State) _____ this the _____ day of _____, _____
Month Year

Name of Employer

Signature of Agency Authorized Official (Required)

Signature of Employee

Please keep a copy and mail or email to: ADPRS.eforms@adp.com

Housing Agency Retirement Trust, PO Box 22669, Louisville, KY 40252-0669

PHONE: 1-888-801-3534