

HOUSING AGENCY RETIREMENT TRUST
NOTICE OF CHANGES FORM #0160
(MARK APPLICABLE BLOCKS WITH X)

CHANGE OF BENEFICIARY

I hereby revoke all previous beneficiary designations in this Retirement Plan. In the event of my death, I request that any retirement benefits due me be paid to _____, my _____, if living, otherwise, to _____. In the event of my death, I request that any Supplemental Death Benefits (if applicable) due me be paid to _____, my _____, if living, otherwise, to _____. If none of the above beneficiaries survive me, I authorize the Trustees to pay such proceeds in accordance with the terms of the Plan. I reserve the right to change the beneficiary at any time by giving notice to the Trustees in writing.

ADDRESS OF NEW BENEFICIARY _____

CORRECTION TO SOCIAL SECURITY NUMBER, DATE OF BIRTH, DATE OF HIRE AND DATE OF PARTICIPATION

Correct Social Security No. _____ Correct Date of Birth _____
Correct Date of Hire _____ Correct Date of Participation _____

CHANGE OF VOLUNTARY AFTER-TAX CONTRIBUTION PERCENTAGE OR AMOUNT

- Discontinue Voluntary After-Tax Contributions effective _____, 20____
 Begin Voluntary After-Tax Contributions effective _____, 20____

Complete One: Start deducting _____% of my basic compensation, or \$ _____ per month.
I understand that I may change the percentage or dollar amount or stop voluntary contributions entirely as of the first day of any month. I also understand that if I desire to withdraw any amount from my voluntary contribution account, I may do so. The amount of this withdrawal cannot exceed the total value of my voluntary account balance. If I select a percentage above, my contribution will change whenever I have a salary change. If I select a dollar amount, it will remain the same unless I submit a change. I understand these additional contributions are subject to the following maximum IRS individual limit: **For calendar year 2006, 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: \$44,000 or 100% of my annual salary. (The \$44,000 limit will be increased by the IRS each year after 2006.)**

DEFERRED RETIREMENT

My employer has requested that I continue my employment beyond my normal retirement date, and I consent to do so.
 I wish to continue my required contributions. I understand my employer will continue contributing to the Plan for me.
 I wish to discontinue my required contributions to the Plan. I understand my employer will also discontinue contributions to the Plan for me.

CHANGE OR CORRECTION OF NAME

It is hereby requested that the name of the Employee* Beneficiary Other appearing on the Trustee Record as _____ be changed to _____ because of _____

* Important - Please have the agency correct the employee's name on the Retirement Plan billing spreadsheet.

LEAVE OF ABSENCE Effective Date of Leave _____, 20____

I hereby request a temporary suspension of contributions to this Retirement Plan because of:
 Military Leave Pregnancy Illness or injury Other _____
During this leave of absence, I will not be receiving any compensation from this participating employer.
If my agency has Supplemental Death Benefit coverage, will it be kept in force? Yes No

RETURN FROM LEAVE OF ABSENCE Effective Date of Return _____, 20____

I hereby request reinstatement in this Plan as I have actively returned to work for my participating employer. My Annual Salary is \$ _____

ALL INFORMATION LISTED BELOW MUST BE COMPLETED

Authority No.: 598 _____ Employee's Social Security No.: _____
Employee's Name (Please Print): _____
Last First Middle

I certify that this information is correct.

Signed at (city, state) _____ this the _____ day of _____, _____
Month Year

Name of Employer

Signature of Authorized Official **Required**

Signature of Employee

Please keep a copy for your records and mail **original** to:
Housing Agency Retirement Trust
c/o ADP Retirement Services
4801 Olympia Park Plaza Drive, Suite 2000
Louisville, Kentucky 40241

PHONE: 1-800-798-2044

FAX: 1-502-429-5972