



To: Executive Director

From: Kelly McGill, Account Manager
ADP Retirement Services

RE: Housing Agency Retirement Trust
Plan Sponsor Website Access

Enclosed is the Access Authorization Form. We want to ensure that adequate safety measures have been taken when dealing with confidential information regarding your retirement plan, and who has access to that information via the Plan Sponsor Website. We need for you to designate who will have access to entire plan information (all of the accounts for your agency), and that person will also be submitting retirement plan contributions through the Plan Sponsor Website.

We call that person an “Authorized Coordinator”. That individual should complete the enclosed form, and the Executive Director should also sign it, even if he or she is the delegated authorized coordinator.

So once it’s been decided who the “lucky” individual is, please complete the enclosed form, and **fax it to our office. Our fax number is 973-712-7489.**

If you have any questions, please feel free to contact us at 1-800-798-2044.

Note: Either now or in the future, you may decide to designate more than one person to be an “Authorized Coordinator”. If that is the case, before completing the attached one, simply make a copy for another designation.



ADP Retirement Plan Sponsor

Access Authorization Form

I. Agency Information – Housing Agency Retirement Trust

Agency Name: *(Please Print)* _____

Plan Number: **598** _____

II. Authorized Coordinator Information - Required

By providing the below information, I acknowledge that the Authorized Coordinator I have appointed will be established as my plan's local security administrator with respect to ADP's Plan Sponsor Web site. I further understand that this person will act on my behalf to establish new users, delete old users, and modify access for existing users to the Web site.

Authorized Coordinator *(Please Print)* _____

Social Security # *(Last 4 Digits Only)* _____

Date of Birth _____
Month Date Year

Authorized Coordinator E-mail Address *(Please Print)* _____

III. Acknowledge and Signature

Authorized Agency Signature *(Executive Contact)* _____ Date _____

Name *(Please Print)* _____

E-mail Address *(Please Print)* _____

Please keep an original and fax a copy to: (973) 712-7489

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