



HOUSING AGENCY RETIREMENT TRUST

"Unknown Address" Form #300

IMPORTANT INSTRUCTIONS:

ONLY complete this form for employees whom you have had **NO SUCCESS IN LOCATING**. Before submitting this form, please make a diligent attempt to locate this individual by contacting his Retirement Plan beneficiaries (that are listed on his Plan enrollment form), or by calling the emergency contacts he or she listed with your agency. Relatives and coworkers are also a good source of information for locating individuals. Once we receive this completed form, we will stop sending correspondence to this person, and attempt to obtain a current address through a search agency.

Plan Number: **598** _____

Agency Name: _____

Employee Social Security Number: _____

Employee Name: _____

Name (Please Print): _____
(Name of Person Submitting this Form)

Signature: _____

Date: _____

Please return to: **Housing Agency Retirement Trust
c/o ADP Retirement Services
PO Box 22669
Louisville, KY 40252-0669**

**Phone: 1-800-798-2044
Fax: 973-712-7489**