

The Housing Agency Retirement Trust 457b Deferred Compensation Plan **Change of Address Form**

Plan Number: **06411 4**

Company Code _____

Agency Name: _____

Employee Social Security Number: _____

Employee Name: _____

Correct Address: _____

Name (Please Print): _____

(Name of Person Requesting this Change)

Signature: _____

Date: _____

Agency keep original, and fax form to: 1-973-712-7489
Housing Agency Retirement Trust, c/o ADP Retirement Services, PO Box 22669, Louisville, KY 40252-0669
PHONE: 1-800-798-2044