



**HOUSING AGENCY RETIREMENT TRUST**

*Change of Address Form #120*

Plan Number: 598 \_\_\_ \_\_\_

Agency Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Employee Name: \_\_\_\_\_

Correct Address: \_\_\_\_\_

\_\_\_\_\_

Name (Please Print): \_\_\_\_\_

(Name of Person Requesting this Change)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(mm/dd/yyyy)

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