



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: _____

Please keep original and either fax a copy to: (973) 712-7489 or email to: ADPRS.eforms@adp.com

Housing Agency Retirement Trust

PO Box 22669

Louisville, KY 40252-0669

Phone: 1-888-801-3534