HART
Housing Agency Retirement Trust

HART/ADP Retirement Services **Agency Contact & Access Authorization Form**

I. Agency Information – Housing Agency Retirement Trust

Plan Number: **598 __ __ __**

Agency Name: _____

Agency Mailing Address: _____

City, State, Zip Code: _____

II. Contact Information - Required to comply with federal anti-money laundering (AML) regulations

Complete this form to help us keep your agency information up to date.

1. Executive Director Name: _____
(Legal First & Last name as listed on Government ID)

_____ _____ _____ _____
(Date of Birth) *(Full Social Security Number) (No Dashes)* *(Work Phone Number)(No Dashes)* *(Personal Mobile Number) (No Dashes)*

Home Address: _____
(Address as listed on Government ID) (Cannot be a PO Box)

Work Email Address: _____

2. Billing Contact Name: _____
(Spreadsheets)

Work Email Address: _____

☐ Allow Plan Sponsor Access date of birth & full SSN# needed

Work Phone Number: _____ _____ _____ _____
(Work Phone Number)(No Dashes) *(Personal Mobile Number) (No Dashes)* *(Date of Birth)* *(Full Social Security Number) (No Dashes)*

3. Plan Administrator Name: _____
(Plan Administrator 1)

Work Email Address: _____

☐ Allow Plan Sponsor Access date of birth & full SSN# needed

_____ _____ _____ _____
(Work Phone Number)(No Dashes) *(Personal Mobile Number) (No Dashes)* *(Date of Birth)* *(Full Social Security Number) (No Dashes)*

4. Additional Plan Contact Name: _____
(Additional Plan Administrator)

Work Email Address: _____

☐ Allow Plan Sponsor Access date of birth & full SSN# needed

_____ _____ _____ _____
(Work Phone Number)(No Dashes) *(Personal Mobile Number) (No Dashes)* *(Date of Birth)* *(Full Social Security Number) (No Dashes)*

III. Acknowledge and Signature

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

Please keep a copy and email to: ADPRS.eforms@adp.com

DEPT: RKOPSHART
TASK TYPE: ACCESS

August 2026