HOUSING AGENCY RETIREMENT TRUST

Change of Address Form #0120

Authority Number: **598** __ __ __

Authority Name: _____

Employee Social Security Number: _____

Employee Name: _____

Correct Address: _____

_____

Name (Please Print): _____
(Name of Person Requesting this Change)

Signature: _____

Date: _____

Please return to:	**Housing Agency Retirement Trust** **c/o ADP Retirement Services** **4801 Olympia Park Plaza Drive** **Suite 2000** **Louisville, KY 40241** **Phone: 1-800-798-2044** **Fax: (502) 429-5972**