

Plan Number: 064114

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**