

## Change of Personal Information Form

### **Member Information**

This information is required.

Member's Name

Union or Fund Member Belongs to

m	m	/	d	d	/	y	y	-	x	x	x	-	x	x	-				
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Member's Birth Date [mm/dd/yy]

Last Four Digits of Member's Social Security Number

 -  - 

Member's Primary Telephone Number

Member's E-mail Address (optional)

### **Mailing Address Correction**

Address Line 1 [street]

Address Line 2 [unit, apartment or lot number]

City

State

Zip Code

### **Name Correction**

If requesting a name change, please include a **copy** of one of the following forms of documentation: current driver's license, current state identification card, current passport, official birth certificate, official marriage certificate, or naturalization documentation.

**Do not mail original documents with this form.**

**Name changes are not honored without one of the forms of identification listed above.**

Incorrect Name

Correct Name

### **Member Authorization**

In order to make the above requested changes, the Fund Office requires that the Participant provides authorization by signing below. If the Participant has an authorized representative, please include a copy of power of attorney documentation.

*I hereby confirm that I am the member stated above and I authorize the Fund Office to make the above adjustments to my personal account information.*

Member's Signature

Member's Representative/Power of Attorney

Date

### **Mail completed form to:**

**Wilson-McShane Corporation  
Mail Services Department  
3001 Metro Drive – Suite 500  
Bloomington, MN 55425**

**via fax: (952) 851-3569  
Attn: Mail Services Department**

**via e-mail: [mailservices@wilson-mcshane.com](mailto:mailservices@wilson-mcshane.com)**

**FOR ADMINISTRATIVE USE ONLY**

Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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