

Change of Personal Information Authorization Form

INSTRUCTIONS FOR COMPLETING THIS FORM:

- Print/type all information using blue or black ink only.
- This form must be signed by the member or their power of attorney representative.
- Please allow five (5) business days for changes to take effect.
- All sections of this form are required unless otherwise noted.
- Return the completed form by mail, email or fax to the location below.
- Remember to update your contact information with your Local and your employer.

MEMBER INFORMATION (REQUIRED)

Member's Name: _____

Fund Member Belongs To: _____

Member's Date of Birth: _____ / _____ / _____ Last Four Digits of Member's Social Security No.: XXX-XX-_____

MONTH DAY YEAR

Member's Phone Number: (_____) _____ - _____ Email (optional): _____

CHANGE OF ADDRESS (REQUIRED ONLY IF REQUESTING A CHANGE OF ADDRESS)

Previous Address:

Current Address:

ADDRESS LINE 1

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 2

CITY STATE ZIP CODE

CITY STATE ZIP CODE

CHANGE OF NAME (REQUIRED ONLY IF REQUESTING A CHANGE OF NAME)

Please provide supporting documentation of name change. Name changes will not be honored without documentation.

Old Name: _____ LAST FIRST MIDDLE INITIAL

New Name: _____ LAST FIRST MIDDLE INITIAL

MEMBER AUTHORIZATION (REQUIRED)

I hereby confirm that I am the member stated above and I authorize Wilson-McShane Corporation, Fund Administrators, to make the above adjustments to my personal account information. These changes will go into effect within five (5) business days of Wilson-McShane Corporation's receipt of this form.

MEMBER'S SIGNATURE _____ POWER OF ATTORNEY SIGNATURE (ATTACH P.O.A. DOCUMENTATION) _____ DATE OF SIGNATURE _____

MISCELLANEOUS REQUESTS (OPTIONAL, CHECK ALL THAT APPLY)

Please indicate below if you require any of the listed information.

- New Insurance Identification Card(s)
- Additional Summary Plan Description Book

RETURN COMPLETED FORMS TO:

MAIL
Wilson-McShane Corporation
Mail & Support Services
3001 Metro Drive – Suite 500
Bloomington, MN 55425

FAX
(952) 851-3569

EMAIL
mailservices@wilson-mcshane.com

<i>For Administrative Use Only</i>	
Date Received:	_____
Date Completed:	_____