# Wilson-McShane Corporation

Plan Administrators for Taft-Hartley Trust Funds

## Change of Personal Information Form

#### **Member Information**

This information is required.

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Memb	er's Pri	mary -	_ [ Teleph	one Nu	mber		- [												
Memb	er's E-r	nail Ao	dress	(option	al)														

### **Mailing Address Correction**

Ac	idres	s Line	1 [stre	eet]							 	 							_		
Ac	dres	s Line	2 [uni	t, apar	tment	or lot i	numbe	r]								-					
Ci	ty	1													State		1	Zip Coo	le	1	,

#### 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  $\underline{not}$  honored without one of the forms of identification listed above.

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#### **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:

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

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

via e-mail: mailservices@wilson-mcshane.com

FOR ADMINISTRATIVE USE ONLY
Date Received:
Date Completed:
Notes: