Wilson-McShane Corporation

Plan Administrators for Taft-Hartley Trust Funds

Change of Personal Information Form

Member Information

This information is required.

Member's Name

Union or Fund Member Belongs to

Member's Birth Date [mm/dd/yy] / / Last Four Digits of Member's Social Security Number x x x - x x -

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 <u>not</u> mail original documents with this form.

Name changes are *<u>not</u>* 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

<u>Mail completed form to:</u>

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**

FOR ADMINISTRATIVE USE ONLY

Date Received: _____

Date Completed: _____

Notes: _____