



Managed for the Trustees by  
Wilson-McShane Corporation

# 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**

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