Change of Address Form

Wilson-McShane Corporation
Plan Administrators for Taft-Hartley Trust Funds

This address o	change is for: Departicipant and ALL Dep	endents 🗖 Participant C	NLY 🗖 De	ependent ONLY		,
Account Holde	er Name			Dependent Name for dependent only changes		
Account Holde	er Union or Fund					
Account Holde	er Birth Date [mm/dd/yyyy]	Aco	count Holder Last	Four Digits of Social Security Number		
Account Holde	er Telephone Number					
Account Holde	er Email Address					
Mailing A	ddress			Home Address (if different from mailing address)		
Address Line 1	[street]			Address Line 1 [street]		
Address Line 2	[unit, apartment or lot number]			Address Line 2 [unit, apartment or lot number]		
City		State	Zip Code	City	State	Zip Code
representa	make the requested address correction tive, please include a copy of power	of attorney documentation	on.	articipant provides authorization by signing below. If the state of the above adjustments to my personal account information of the state of the sta		an authorized
Mail completed form to:			FOR ADMINISTRATIVE USE ONL'	Y		
Wilson-McShane Corporation Mail Services Department 3001 Metro Drive – Suite 500 Bloomington, MN 55425			Date Received:			
via e-mail:	mailservices@wilson-mcshane.com			eted:		
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