

Name Change Form

This name change is for: Participant ONLY Dependent ONLY

Account Holder Name Dependent Name *for dependent only changes*

Account Holder Union or Fund

Account Holder Birth Date [mm/dd/yyyy] Account Holder Last Four Digits of Social Security Number

Account Holder Telephone Number

Account Holder Email Address

Name Change

Incorrect Name LAST, FIRST, MIDDLE

Correct Name LAST, FIRST, MIDDLE

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.*

Authorization

In order to make the requested name change, 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 participant stated above and I authorize the Fund Office to make the above adjustments to my personal account information.

Signature Representative/Power of Attorney Date

Mail completed form to:

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

via e-mail:

mailservices@wilson-mcshane.com

FOR ADMINISTRATIVE USE ONLY

Date Received: _____

Date Completed: _____

Notes: _____
