

Change of Personal Information Authorization Form

INSTRUCTIONS FOR COMPLETING THIS FORM:

- Print/type all information using blue or black ink only.
• This form must be signed by the member or their power of attorney representative.
• Please allow five (5) business days for changes to take effect.
• All sections of this form are required unless otherwise noted.
• Return the completed form by mail, email or fax to the location below.
• Remember to update your contact information with your Local and your employer.

MEMBER INFORMATION (REQUIRED)

Member's Name: \_\_\_\_\_

Fund Member Belongs To: \_\_\_\_\_

Member's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Four Digits of Member's Social Security No.: XXX-XX-\_\_\_\_
MONTH DAY YEAR

Member's Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email (optional): \_\_\_\_\_

CHANGE OF ADDRESS (REQUIRED ONLY IF REQUESTING A CHANGE OF ADDRESS)

Previous Address:

Current Address:

ADDRESS LINE 1

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 2

CITY STATE ZIP CODE

CITY STATE ZIP CODE

CHANGE OF NAME (REQUIRED ONLY IF REQUESTING A CHANGE OF NAME)

Please provide supporting documentation of name change. Name changes will not be honored without documentation.

Old Name: \_\_\_\_\_ LAST FIRST MIDDLE INITIAL

New Name: \_\_\_\_\_ LAST FIRST MIDDLE INITIAL

MEMBER AUTHORIZATION (REQUIRED)

I hereby authorize the Wilson-McShane Corporation to use my personal information for the purposes stated in the plan documents...

MEMBER'S SIGNATURE POWER OF ATTORNEY SIGNATURE (ATTACH P.O.A. DOCUMENTATION) DATE OF SIGNATURE

MISCELLANEOUS REQUESTS (OPTIONAL, CHECK ALL THAT APPLY)

Please indicate below if you require any of the listed information.

- New Insurance Identification Card(s)
- Additional Summary Plan Description Book

RETURN COMPLETED FORMS TO:

MAIL
Wilson-McShane Corporation
Mail & Support Services
3001 Metro Drive - Suite 500
Bloomington, MN 55425

FAX
(952) 851-3569

EMAIL
mailservices@wilson-mcshane.com

For Administrative Use Only
Date Received: \_\_\_\_\_
Date Completed: \_\_\_\_\_