

# 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:  -  -

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 correction, 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 corrections 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, Wilson-McShane Corporation requires on behalf of the Fund that the Member provides authorization by signing below. If the Member 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 Wilson-McShane Corporation, Fund Administrators, 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: \_\_\_\_\_

\_\_\_\_\_

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