

# Name Change Form

This name change is for:  Participant ONLY  Dependent ONLY

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Account Holder Name Dependent Name *for dependent only changes*

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Account Holder Union or Fund

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

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Account Holder Telephone Number

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Account Holder Email Address

## Name Change

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Incorrect Name LAST, FIRST, MIDDLE

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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.*

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Signature Representative/Power of Attorney Date

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## Mail completed form to:

Wilson-McShane Corporation  
PO Box 909500  
Kansas City, MO 64190

## Via email:

CIL & GKCL: cil-eligibility@wilson-mcshane.com  
BAC: bac-eligibility@wilson-mcshane.com  
Ironworkers: IWElig@wilson-mcshane.com  
DC3 Painters & Allied Trades: dc3benefits@wilson-mcshane.com  
Cement Masons: CMP518@wilson-mcshane.com

**FOR ADMINISTRATIVE USE ONLY**

Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Notes: \_\_\_\_\_

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