

Change of Address Form

This address change is for: Participant and ALL Dependents Participant ONLY Dependent ONLY

Account Holder Name	Dependent Name <i>for dependent only changes</i>
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	

Mailing Address			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

Authorization

In order to make the requested address correction, 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
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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: _____

