

Change of Address Form

This address change is for: ☐ Participant and ALL Dependents ☐ 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

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

State Taxes

Please check this box if you'd like your state taxes updated by the Pension Department:

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

Mail completed form to:

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

FOR ADMINISTRATIVE USE ONLY

Date Received:

Date Completed:

Notes:

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-eligibility@wilson-mcshane.com
All other funds: KCPension@wilson-mcshane.com