

# 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](mailto:mailservices@wilson-mcshane.com)

FOR ADMINISTRATIVE USE ONLY	
Date Received:	_____
Date Completed:	_____
Notes:	_____ _____ _____