

# Name Change Form

This name change is for:  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

## Name Change

Incorrect Name LAST, FIRST, MIDDLE

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.*

Signature

Representative/Power of Attorney

Date

## Mail completed form to:

Wilson-McShane Corporation  
Mail Services Department  
1431 Opus Place, Suite 350  
Downers Grove, IL 60515

### FOR ADMINISTRATIVE USE ONLY

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

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

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

\_\_\_\_\_

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