Change of Address Form

Wilson-McShane Corporation
Plan Administrators for Taft-Hartley Trust Funds

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

Address Line 1 [street]

Address Line 2 [unit, apartment or lot number]

City State Zip Code

Home Address (if different from mailing address)

Address Line 1 [street]

Address Line 2 [unit, apartment or lot number]

City State Zip Code

Complete Authorization on back of form.

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
Mail Services Department
1330 Conway St, Ste 130
St. Paul, MN 55106

via e-mail: spewbenefits@wilson-mcshane.com

FOR ADMINISTRATIVE USE ONLY

Date Received: _____

Date Completed: _____

Notes: _____