

# 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  
3001 Metro Drive - Suite 500  
Bloomington, MN 55425

## via e-mail:

mailservices@wilson-mcshane.com

<b>FOR ADMINISTRATIVE USE ONLY</b>
Date Received: _____
Date Completed: _____
Notes: _____
_____
_____