

Change of Address Form

Participant Name

Participant Union

Participant Birth Date [mm/dd/yyyy]

Participant Last Four Digits of Social Security Number

Participant Telephone Number

Participant 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

Mail completed form to:
Wilson-McShane Corporation
Mail Services Department
PO Box 530
Elm Grove, WI 53122

Fax completed form to:
(262) 784-8598

Scan and email completed form to:
btupifbenefits@wilson-mcshane.com

FOR ADMINISTRATIVE USE ONLY

Date Received:

Date Completed:

Notes: