

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
Attn: Eligibility Dept
PO Box 909500
Kansas City, MO 64190

Via email: BAC: BAC-Eligibility@wilson-mcshane.com
CIL & GKCL: CIL-Eligibility@wilson-mcshane.com
All other Funds: kcelig@wilson-mcshane.com

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

