Change of Address Form

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

Member Name

Dependent Name ***(for dependent changes only)***

Member Union

Member Birth Date [mm/dd/yyyy]

Member Last Four Digits of Social Security Number

Member Phone Number

Member Email Address

Mailing Address

Address Line 1 [street]

Address Line 2 [unit, apartment or lot number]

City State Zip Code

Authorization

Signature Date

Representative/Power of Attorney (if applicable)

Mail completed form to:

Wilson-McShane Corporation
Support Services Department
3001 Metro Drive – Suite 500
Bloomington, MN 55425

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

FOR ADMINISTRATIVE USE ONLY

Date Received: _____

Date Completed: _____

Notes: _____