

# 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:	_____ _____ _____