



# Change of Personal Information Form

## Member Information

This information is required.

Participants' Name

 / 
 
 / 
 

 - 
 

 - 
 


Participants' Birth Date [mm/dd/yy]

Last Four Digits of Participants' Social Security Number

 - 
 
 - 
 


Participants' Primary Telephone Number

Participants' E-mail Address (optional)

## Mailing Address Change

Address Line 1 [street]

Address Line 2 [unit, apartment or lot number]

City

State

Zip Code

This change is for (Name) \_\_\_\_\_ if other than participant.

## Physical Address Change (required if different from mailing address)

Address Line 1 [street]

Address Line 2 [unit, apartment or lot number]

City

State

Zip Code

## Name Change

If requesting a name change, 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.**

Incorrect Name

Correct Name

This change is for (Name) \_\_\_\_\_ if other than participant.

## Contact Information

Provide information for an individual that can be contacted in the event the Fund Office is unable to reach you.

Contact Name

Contact Address

Contact City

State

Zip Code

 - 
 
 - 
 


Relationship to participant \_\_\_\_\_

Contact Primary Telephone Number

Contact E-mail Address (optional)

## Member Authorization

In order to make the above requested changes, 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 member stated above and I authorize the Fund Office to make the above adjustments to my personal account information.*

Participants' Signature

Participants' Representative/Power of Attorney

Date

### Mail completed form to:

Boilermakers National Funds  
754 Minnesota Ave.  
Kansas City, KS 66101

via fax: Participant Services 913-281-7912  
Eligibility Department 913-281-7915  
Pension Department 913-621-8635  
Employer Contributions 913-621-2464  
Via email: bnf@wilson-mcshane.com

### FOR ADMINISTRATIVE USE ONLY

Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Notes: \_\_\_\_\_