



Change of Personal Information Form

Member Information

This information is required.

Participant's Name

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Participant's Birth Date [mm/dd/yy]

Last Four Digits of Participant's Social Security Number

 -

 -

Participant's Primary Telephone Number

Participant's 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.

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.

Participant's Signature

Participant's Representative/Power of Attorney

Date

Mail completed forms 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: _____	

