



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 Address 2

Contact City

State

Zip Code

 - -

Contact Primary Telephone Number

Relationship to participant _____

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.

The Fund may use and share participants' or beneficiaries' personal information within our organization, with business partners, and with other Boilermaker entities solely for the purpose of operating, administering, and delivering benefits, communications, and services.

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
PO Box 909700
Kansas City, MO 64190-9700

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

www.bnf-kc.com

FOR ADMINISTRATIVE USE ONLY

Date Received: _____

Date Completed: _____

Notes: _____
