WEA TRUST
MEMBER BENEFITS

P.O. Box 7338 • Madison, WI 53707-7338
45 Nob Hill Road • Madison, WI 53713-3959
e-mail: memberbenefits@weatrust.com • Web site: weabenefits.com
Voice/TDD: 1-800-279-4030 • Fax: (608) 661-6799

Address/Name Change(s)

Information submitted on this form replaces information on file for all your WEA Trust tax-sheltered annuity (TSA) and/or IRA accounts.

CHECK ANY OTHER THAT APPLY:

❑ Group Health, Dental, Life, and/or Disability ❑ Auto Insurance ❑ Home Insurance
❑ Group and/or Individual Long Term Care ❑ Umbrella Insurance

If you wish to make changes to your account beneficiary(ies) information, please request a ***Beneficiary Information Change(s)*** form. This form is also available on our Web site, weabenefits.com.

PLEASE PRINT WITH BLACK INK ▪ SIGNATURE GUARANTEE REQUIRED FOR NAME CHANGES

Participant Information

Social Security no. _____ (Required to process this form)

Marital status: ❒ Single ❒ Married ❒ Widowed

Name _____ (Last / First / Middle)

❒ Check if name change _____ (Signature Guarantee required) (Former Name)

Address _____

Employer name _____ (Last employer and retired date, if applicable)

City _____ State _____ ZIP _____

Date of birth _____ / _____ / _____

Daytime phone (_____) _____

Evening phone (_____) _____

Prohibition of Telephone Access

All your retirement accounts will be authorized for person-to-person telephone transactions and release of account information unless you check the box below. Neither WEA Trust Member Benefits nor its agents will be liable for any actions taken in compliance with such instructions that they believe to be genuine.

❒ I do **NOT** authorize WEA Trust Member Benefits to act upon telephone instructions regarding my account(s). I understand that WEA Trust Member Benefits will accept and act upon only written instructions from me regarding my account(s).

Please note: Regardless of whether you check the box above or not, requests for withdrawals from your account(s) can only be made in writing with the proper forms, which must be signed and authorized by you. A signature guarantee is required for a name change.

Signature and Date (required for ALL changes)

IMPORTANT — If you are using this form to change your name on file, do not sign **until** you are in the presence of the authorized person providing the signature guarantee (see next section).

Participant's signature _____ **Date** _____

Signature Guarantee (required for name change)

- Your signature above must be guaranteed by an authorized signature guarantor. This service is available at most banks, brokers, and other qualified financial institutions.
- We **cannot accept signature guarantees from notaries public** or organizations that do not provide reimbursement in case of fraud.

Guarantor's signature _____

Name of Financial institution _____

Place Signature Guarantee stamp here