WEA Member Benefits™
Every member financially secure.

P.O. Box 7893 • Madison, WI 53707-7893
1-800-279-4030
Fax: (608) 237-2529

Address/Name Change(s)

Information submitted on this form replaces information on file for all of your WEA Tax Sheltered Annuity Trust 403(b) and/or WEAC IRA accounts.

CHECK ANY OTHER THAT APPLY:

☐ Individual Long Term Care ☐ Auto Insurance ☐ Home Insurance ☐ 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*.

1. Participant Information

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

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

WEAC ID No. (if applicable) _____

Name _____ (Last / First / Middle)

❒ Check if Name Change _____ (Former Name)

Address _____

Date of Birth _____

_____ (City / State / ZIP)

Phone (_____) _____

E-Mail Address _____

Marital Status ◯ Single ◯ Married ◯ Widowed

2. Name Change

If you are requesting a name change, please provide a copy of one of the following documents showing your new name.

- A valid driver's license
- Your Social Security card
- A valid state-issued ID

3. Signature and Date (Required for ALL changes.)

Participant Signature _____ Date _____