

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. _____ <small>(Required to process this form)</small>	Employer Name _____ <small>(Last employer and retired date, if applicable)</small>
Name _____ <small>Last First Middle</small>	<input type="checkbox"/> Check if Name Change _____ <small>Former Name</small>
Address _____ <small>City State ZIP</small>	Date of Birth _____ Phone (_____) _____
E-Mail Address _____	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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 _____