

**LABOR UNIONS 401(k) PLAN**  
**3444 Camino Del Rio North, Suite 101**  
**San Diego, CA 92108**  
**Phone: 855.958.4015**  
**Fax: 619.501.3250**

## INFORMATION CHANGE FORM

EMPLOYEE INFORMATION		
Name:	Social Security Number:	
INFORMATION TO BE CHANGED		
Name:	From: (First M.I. Last)	To: (First M.I. Last)
Social Security Number	From:	To:
Birth Date	From:	To:
Pre-Tax Salary Deferral Percent	From:	To:
Post-Tax Salary Deferral Percent	From:	To:
Post-Tax ROTH Salary Deferral	From:	To:
Address of Legal Residence	From:	To:
<p><b><i>For Name, Social Security number, Birth Date, or Address changes, please mail to above address, or fax to 619.501.3250, or email securely to <a href="mailto:jf@coastbenefits.com">jf@coastbenefits.com</a></i></b></p> <p><b><i>For Pre-Tax Salary Deferral Percent Amount changes, please give the completed form to your Payroll department to implement your request.</i></b></p>		
APPROVAL		
I certify that the information provided above is accurate and complete.		
Your Signature:	Date:	