

Information Change
Service Employees Int'l Union
Supplemental Retirement Savings 401(k) Plan

Location 002

Plan ID: 764618 001

Information About You		
Name (First, M.I., Last)		Social Security Number
What Information Do You Want to Change?		
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 (in whole number percentages from 1% to 25%)	From: %	To: %
Post-Tax Contribution Percent	From:	To:
Street Address of Your Legal Residence	From:	To:
For Employer Use Only		
Status	From: <input type="checkbox"/> Active <input type="checkbox"/> Terminated <input type="checkbox"/> Suspended	To: <input type="checkbox"/> Active Rehired: ____/____/____ <input type="checkbox"/> Suspended until: ____/____/____
Special Identification Number	From:	To:
Location	From:	To:
Hire Date	From:	To:
Entry Date	From:	To:
Years of Service	From:	To:
Plan Number	From:	To:
Division Number	From:	To:
Other (specify)	From:	To:
Approval		
I certify that the information provided is accurate and complete.		Date:
Your Signature:		Date:
The information provided above is accurate and complete.		Date:
Company Authorization:		

04/11/2011

Return Form to Brenda Hildenberger or email to: Brenda.hildenberger@seiufulunds.org