

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 WEA Member Benefits IRA accounts.

If you wish to make changes to your account beneficiary(ies) information, log into your online account, yourMONEY™, or request a *Beneficiary Information Change(s)* form. This form is also available on our website, *weabenefits.com*.

1. Participant Information

Name _____
Last First Middle

☐ Check if Name Change _____
Former Name

Address _____
City State ZIP

Date of Birth _____

E-Mail _____

Employer _____

Marital Status ☐ Single ☐ Married ☐ Widowed

Social Security No. _____

Phone (_____) _____

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 _____