

Change of Personal Data Form

Elevator Constructors Annuity and 401(k) Retirement Plan
60041



Use this form to notify your employer of a change in your address, name, or to correct other information. Please circle the information that needs to be corrected and give to your employer. Your employer will change their permanent records to reflect the change.

General Information

Employer Name: _____

Employee's Name: _____

Local Number: _____

Employee SSN#: _____

Employee's Address: _____

Employee's Phone Number: (_____) _____

Employee's Birthdate: ____/____/____ Hire Date: ____/____/____

Married Not married or legally separated

Other Information: _____

EMPLOYEE SIGNATURE

DATE

EMPLOYER SIGNATURE

DATE