

# Personal Information Change Request

(Use only if you are no longer employed. In addition, you may want to provide this information to your former employer.)

Use blue or black ink to complete this form.

Plasterers Local 31 Pension Plan

453372-01

**Participant Information - Provide name/Social Security number as it currently appears on your account.**

_____ Last Name	_____ First Name	_____ MI	_____ Social Security Number
			_____ Account Extension (if applicable)

**Name Change - Attach copy of marriage certificate, divorce decree, driver's license or Social Security card.**

_____ Last Name	_____ First Name	_____ MI
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**Personal Information Correction/Change**

Mo _____ Date of Birth	Day _____ Date of Birth	Year _____ Date of Birth	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Female	<input type="checkbox"/> Male	_____ Social Security Number
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Attach copy of birth certificate.

Attach copy of Social Security card.

**Address and Phone Number Change**

_____ Address - Number & Street		
_____ City	_____ State	_____ Zip Code
( ) _____ Daytime Phone	_____ E-Mail Address	

## Required Signature

I affirm that the information that I have provided on this form is true and correct.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Participant forward to Service Center at:**  
 Fifth Third Bank Retirement Services  
 PO Box 173764  
 Denver, CO 80217-3764  
**Express Address:**  
 8515 E. Orchard Road, Greenwood Village, CO 80111  
**Phone:** 1-866-258-4777  
**Fax:** 1-866-745-5766  
**Web site:** Retire.53.com

