

The AME Church Personal Information Change Form - Implementation

Part 1 – Personal Information

Name _____ Social Security # (last 5 digits) _____
Address _____ Primary Phone # (_____) _____
_____ E-mail Address _____
Birth Date _____

Part 2 – New Personal Information (please check which data you are requesting to be updated and enter the new information)

- Name _____ Birth Date _____
 Address _____

 Primary Phone # (_____) _____
 Alternate Phone # (_____) _____
 E-mail Address _____

Include a copy of a valid driver's license, government-issued identification or passport along with the completed form.

Part 3 – Signature

I certify:

- that the information I am providing is current and accurate.
 that I am the authorized individual to make updates to this account.
 that the enclosed government issued identification is valid.

Signature _____ Date _____

Please complete this form and send the form and documentation specified in Part 2 by:

E-mail: scanned copy to retirementservices@wespath.org, OR

Fax: 1-847-866-4635, OR

U.S. Mail: Mail to the address at the top of this form.

Be sure to keep a copy for your records.