



EMPLOYEE CHANGE OF INFORMATION FORM

Employer Name: _____ I Am Retired

Name: _____ Gender: M / F Last 4 of SSN: _____

Home Address: _____ Name Change

_____ Address Change

Email Address: _____ Telephone: _____

Add/Delete Dependent Information

	Name (First, Last)	Full Time Student?	Gender	Date of Birth	Relationship
<input type="checkbox"/> Add <input type="checkbox"/> Delete					
<input type="checkbox"/> Add <input type="checkbox"/> Delete					
<input type="checkbox"/> Add <input type="checkbox"/> Delete					
<input type="checkbox"/> Add <input type="checkbox"/> Delete					
<input type="checkbox"/> Add <input type="checkbox"/> Delete					

Add/Change Direct Deposit Information

Complete a Direct Deposit Authorization Form to add or change your bank account information for direct deposit of claim reimbursements. Participants are allowed one bank account on file for direct deposit.

Employee Signature: _____ Date: _____

Submit completed form to:

Email: retirement@northshorebank.com

Fax: 262-787-6802

Mail: North Shore Bank

Retirement Services STE 400

15700 W Bluemound Rd.

Brookfield WI 53005