

Member's Name: \_\_\_\_\_ Last 4 of SSN# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **SUB/ME Accrual Change Form**

\_\_\_ I hereby authorize Wilson-McShane Corporation to increase my SUB/ME accrual maximum to \$20,000

\_\_\_ I hereby authorize Wilson-McShane Corporation to decrease my SUB/ME accrual maximum from \$20,000 to \$6,000. **Unless you previously elected to increase your accrual to \$20,000, your account will automatically accrue to a maximum of \$6,000.**

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SIGNATURE

LAST 4 OF SSN

DATE

Please contact the Benefit Office at 952-851-5949 if you have any questions.