



VEBA Plan Administrator
 c/o REHN & Associates, Inc.
 P.O. Box 5433
 Spokane, WA 99205-0433
 1-800-VEBA101 (832-2101)
 (509) 534-0600

ACCOUNT INFORMATION/ FUND ALLOCATION CHANGE FORM

THIS CHANGE IS A (CHECK ALL THAT APPLY): FUND ALLOCATION CHANGE NAME CHANGE ADDRESS CHANGE

NAME & ACCOUNT NUMBER

VEBA Participant Name (Please print clearly)	VEBA Acct. No. or Soc. Sec. No.

FUND ALLOCATION CHANGE

Please change my current balances and any future contributions (if applicable) of my VEBA account(s) to one or more of the following three funds:

_____ % STABLE VALUE FUND
 _____ % BALANCED FUND
 _____ % GROWTH FUND
 = 100 % (TOTAL MUST EQUAL 100%)

The Balanced Fund and the Growth Fund contain stock market investments and are not guaranteed. These funds will fluctuate up and down in value. Past performance does not guarantee future results.

This form must be received in the Plan Administrator's office (in Spokane) by the 25th of the month in order for the transfer to be effective on the 1st business day of the following month. This form must contain an original signature.

NAME CHANGE

New Name
Reason For Change of Name (Please attach supporting legal documentation)
<input type="checkbox"/> MARRIAGE <input type="checkbox"/> COURT ORDER <input type="checkbox"/> ASSUMPTION OF A NEW NAME <input type="checkbox"/> DIVORCE <input type="checkbox"/> DEATH <input type="checkbox"/> NAME GIVEN PREVIOUSLY INCORRECT

ADDRESS CHANGE

PREVIOUS ADDRESS	NEW ADDRESS
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code

AUTHORIZATION (REQUIRED)

X	
Signature of Participant	Date

Keep a Copy For Your Records