

HOTEL UNION AND HOTEL INDUSTRY OF HAWAII 401(k) RETIREMENT SAVINGS PLAN
c/o GROUP PLAN ADMINISTRATORS, INC.
222 SOUTH VINEYARD ST., PH4 HONOLULU, HI 96813
PHONE (808) 523-9411 FAX (808) 533-6789

EMPLOYEE 401(k) NAME CHANGE FORM

PRIOR NAME:

LAST NAME FIRST NAME M.I. S.S. NUMBER

NEW NAME:

LAST NAME FIRST NAME M.I. S.S. NUMBER

MAILING ADDRESS CITY STATE ZIP CODE

YOU MUST SUBMIT A COPY OF THE LEGAL DOCUMENT (MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.)
SHOWING THE CHANGE REQUESTED ABOVE.

EMPLOYEE'S SIGNATURE

DATE