

In an effort to update our records we are asking that each employee complete this form.

Please remember that marriage, divorce, births, etc. may affect your federal and state withholdings. Also, indicate if it is necessary for you to update/change your retirement and/or life insurance beneficiary.

Please **PRINT** all information

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Direct Deposit Information: **ONLY IF DIFFERENT**

Bank Name \_\_\_\_\_

Routing \_\_\_\_\_

Account \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

I will need to change my W-4 for the tax year. Yes \_\_\_\_\_ No \_\_\_\_\_

I need to update/change my retirement beneficiary. Yes \_\_\_\_\_ No \_\_\_\_\_

I need to update/change my life insurance beneficiary Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_