



PERSONAL DATA CHANGE FORM

Section 1 - Employee Current Profile			
Last Name:	First Name:	MI:	Suffix:
Previous Home Address:	City:	State:	Zip:
Business Address:	City:	State:	Zip:
Business Phone:	Business Fax:	Business Email:	

Section 2 - NEW Employee Information (Complete All Appropriate Sections)			
Effective Date of Change(s): _____			
NEW Last Name:	First Name:	MI:	Suffix:
NEW Home Address:	City:	State:	Zip:
NEW Home Phone:	NEW Mobile Phone:	NEW Home Email Address:	

PLEASE NOTE: ALL IIF-related accounts and systems (Benefit vendors, 401k Plan, Payroll, Accounts Payable, Security, etc.) will be changed to this new information.

Review the following questions to determine if additional forms need to be completed:

- ➔ Is there a change to your bank account? If yes, please complete a new Direct Deposit Form.
- ➔ Did you move to a different state? If so, please complete a new State Tax Form.
- ➔ Did you move to a different tax jurisdiction within your state? If so, please complete a new State and/or Local Tax Form.
- ➔ Do you have a Security Clearance? If so, please contact IIF's Security Officer.
- ➔ Is this a change that could affect beneficiaries? If so, please complete a new Beneficiary form for your Life Insurance and 401k Plan.

All additional forms may be found at: www.iifdata.com/corp. No additional changes will be made until appropriate forms are received.

Employee Acknowledgement and Approval

I authorize IIF to make the changes indicated above, understanding that all IIF-related accounts in my name will be updated with the new information provided above. I further acknowledge that no other changes will be made as a result of this form and that if further changes need to be made with respect to tax withholdings, bank information, etc., I will submit the appropriate form(s) to have these changes made.

Employee Signature

Date

Please Submit Completed and Signed Form to: HR@iifdata.com - or - Fax to: (703) 745-3137

IIF Internal Use Only	
Date Received/Initial	Date Input
_____	_____