Personal Data Change Form

Please complete the following information, as applicable.
If changing your name, please provide your new social security card with your new name.

UIN _____ First Name _____ Last Name _____ Middle Initial _____

Address _____ City _____

State _____ Zip Code _____ (_____)_____ Phone Number _____ Marital Status _____

Emergency Contact Information

Name _____ Address _____ City _____

State _____ Zip Code _____ Relationship _____ (_____)_____ Phone Number _____

Beneficiary Information for Payroll purposes

In the event of your death, any accrued wages, annual leave, sick leave (if you were eligible for such payment), and special compensatory leave may be paid to your beneficiary, estate, or as otherwise provided by law. If you wish to have more Contingent Beneficiaries please continue the list on the back of this form.

Primary Beneficiary _____ Relation _____ Date of Birth _____ Sex _____

First Contingent Beneficiary _____ Relation _____ Date of Birth _____ Sex _____

Second Contingent Beneficiary _____ Relation _____ Date of Birth _____ Sex _____

If the above does not meet your needs, attach a signed and dated listing of your designated beneficiaries

Your signature below authorizes payment to the beneficiary(ies) designated in the event of your death.

Additional Changes

If you would like to update your W-4 information, log onto Gulfline at https://www.fgcu.edu/gulfline/.
The Electronic W-4 Completion tutorial is located on the FGCU Office of the Controller website under Finance & Accounting > Payroll within the Payroll Tutorials section.

Please remember to update your direct deposit if your banking information has changed. If you would like to set up or update your Direct Deposit information, log into Gulfline https://www.fgcu.edu/gulfline/. A tutorial is available under Payroll Tutorials on the Office of the Controller's website.

If you are eligible to receive Life Insurance through FGCU, please contact Minnesota Life at1-888-826-2756 or www.lifebenefits.com/florida to update your beneficiary on your policy.

Signature _____ **Date** _____

****Please note that completion of this form only makes changes with HR, you may need to contact additional offices and inform/update them of this change. ****