



Alaska Electrical Trust Funds

PENSION FUND – HEALTH AND WELFARE FUND – LEGAL FUND
2600 Denali Suite 200 • Anchorage, AK 99503-2782
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POWER OF ATTORNEY INFORMATION SHEET

PARTICIPANT INFORMATION

Name: _____

SSN: xxx-xx-_____
(Last 4 digits)

Date of Birth: _____

POWER OF ATTORNEY INFORMATION

Name: _____

SSN: xxx-xx-_____
(Last 4 digits)

Date of Birth: _____

Mailing Address: _____

Phone Number(s): _____

Power of Attorney Signature: _____ Date: _____

Subscribed and sworn to me this _____ day of _____, 20__.	
_____ Signature of Notary	-OR-
Notary Public in and for the State of _____, County of _____, My Commission Expires: _____	_____ AEPF Representative