



# Alaska Electrical Trust Funds

PENSION FUND – HEALTH AND WELFARE FUND – LEGAL FUND  
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## ADDRESS CHANGE FORM

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

Effective Date: \_\_\_\_\_

AKE ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

OLD Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NEW Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participants Signature: \_\_\_\_\_

Due to the sensitive nature of material sent to participants, the Administrative Office requires that a signed and currently dated Address Change Form be submitted each time an address change is requested

.....OFFICE USE ONLY.....

Posted By: \_\_\_\_\_ Date: \_\_\_\_\_