

Alaska Electrical Money Purchase Pension Plan
2600 Denali Street, Suite 200
Anchorage, AK 99503-2782
(907) 276-1246 • (800) 478-1246 • FAX (907) 278-7576

ENROLLMENT AND BENEFICIARY DESIGNATION FORM

Participant Information:

Last Name First Middle Initial Social Security Number Date of Birth

Present Mailing Address City State Zip Phone

Permanent Mailing Address (if different than above) City State Zip Phone

Marital Status: Married Single

Note: The Plan must be notified should you change your marital status.

Spouse's Name Social Security Number Date of Birth

Address (if different than yours)

Designation of Beneficiary:

If I die before the funds in my individual account have been fully distributed, the funds in my account shall be paid in the percentages specified below. (Your spouse must be designated for at least 50%.)

1. _____
Name Relationship Social Security Number Percentage

Address City State Zip

2. _____
Name Relationship Social Security Number Percentage

Address City State Zip

3. _____
Name Relationship Social Security Number Percentage

Address City State Zip

Designation of Beneficiary (continued from Page 1):

If the above beneficiary(ies) is(are) not living at the time of my death, then the funds in my account shall be paid to:

1. _____
Name Relationship Social Security Number Percentage

Address City State Zip

2. _____
Name Relationship Social Security Number Percentage

Address City State Zip

Participant Statement:

I understand this designation revokes all earlier beneficiary designations, and shall remain in effect until I submit a new designation form to the Trust office. I further understand that if, at the time of my death, I am survived by my spouse, my spouse shall be the beneficiary of 50% of my account balance regardless of my designation.

Participant Signature

Date

Please return signed original to the Trust Funds.