

**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.***