

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

**ENROLLMENT/BENEFICIARY FORM**

**EMPLOYEE IDENTIFICATION**

First Name	Initial	Last Name	
Mailing Address	City	State	Zip Code
SSN	Date of Birth	Sex	Phone Number

**SPOUSE IDENTIFICATION**

First Name	Initial	Last Name	
Mailing Address	City	State	Zip Code
SSN	Date of Birth	Sex	Phone Number

**DESIGNATED BENEFICIARY**

Note: If you are married, your spouse is automatically your beneficiary. If you are divorced, a court order may determine who is your beneficiary. However, you may consider naming a Contingent Beneficiary in the event your beneficiary predeceases you.

Full Name	Address	SSN	Relationship	Share

I hereby certify that the information above is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE: It is in your best interest to update any changes in address or beneficiary information immediately.