

Alaska Electrical Pension Plan
2600 Denali Street, Suite 200
Anchorage, AK 99503-2782
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**REVOCATION OF VOLUNTARY SUSPENSION
OF RETIREMENT BENEFITS FORM**

Retiree First Name _____ Initial _____ Last Name _____

Social Security Number _____ Phone Number(s) _____

I wish to resume distribution of my monthly retirement benefit from the Alaska Electrical Pension Plan effective _____. I realize there is an interval from the time my request is received until my monthly benefit will commence.

PLEASE NOTE:

The interval between the receipt of your request and commencement of payment involves the following processes:

- Reporting of your final hours
- Recalculation of your benefit
- Reconciliation of benefit payments

Please confirm each of the following:

1. My direct deposit authorization currently on file is correct. _____
Initials

—or—

I am submitting a new authorization to update my bank account for direct deposit. _____
Initials

2. My federal tax withholding instructions on file are correct. _____
Initials

—or—

I am submitting a new form W-4P to change my federal tax withholding. _____
Initials

3. *For retirees age 58 & over ONLY:* I have worked in Alaska 40 or more hours **every** month during my suspension. Circle **Y** or **N** (If NO, please attach a letter documenting your work history.)

4. I would like a Pension Representative to contact me when I am eligible to be activated into pay status. Circle **Y** or **N**

Retiree Signature _____

Date _____

Office Use Only	
Authorized Pension Representative _____	Date _____