



Alaska Electrical Trust Funds

PENSION FUND – HEALTH AND WELFARE FUND – LEGAL FUND
701 E Tudor Suite 200 • Anchorage, AK 99503
(907) 276-1246 • (800) 478-1246 • Fax: (907) 278-7576
www.aetf.com



POWER OF ATTORNEY INFORMATION SHEET

PARTICIPANT INFORMATION

Name: _____

SSN: xxx-xx-_____
(Last 4 digits)

Date of Birth: _____

POWER OF ATTORNEY INFORMATION

Name: _____

SSN: xxx-xx-_____
(Last 4 digits)

Date of Birth: _____

Mailing Address: _____

Phone Number(s): _____

Power of Attorney Signature: _____ Date: _____

| | |
|---|--------------------------------------|
| Subscribed and sworn to me this _____ day of _____, 20__. | |
| _____ Signature of Notary | -OR- _____ AEPF Representative |
| Notary Public in and for the State of _____, County of _____, My Commission Expires: _____ | |