



# 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



## DEPENDENT ALTERNATE ADDRESS FORM

Participants Name: \_\_\_\_\_

Participant ID#: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_

Dependent's Phone Number(s): \_\_\_\_\_

\_\_\_\_\_

Dependent's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Effective: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Due to the sensitive nature of material sent to participants, the Administrative Office requires that a signed and currently dated Address Change Form be submitted each time an address change is requested

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Posted By: \_\_\_\_\_ Date: \_\_\_\_\_