



**Alaska Electrical Workers Money Purchase Pension Plan**  
**701 E. Tudor, Suite 200**  
**Anchorage, AK 99503**  
**(907) 276-1246 • (800) 478-1246 • FAX (907) 278-7576**



## ENROLLMENT AND BENEFICIARY DESIGNATION FORM

### Participant Information:

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Initial                                      Social Security Number                                      Date of Birth

\_\_\_\_\_  
 Mailing Address                                      City                                      State                                      Zip                                      Phone

\_\_\_\_\_  
 Email Address

**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

**Please complete and sign Page 2**

## 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
3.	_____	_____	_____	_____
	Name	Relationship	Social Security Number	Percentage
	_____	_____	_____	_____
	Address	City	State	Zip
4.	_____	_____	_____	_____
	Name	Relationship	Social Security Number	Percentage
	_____	_____	_____	_____
	Address	City	State	Zip
5.	_____	_____	_____	_____
	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 Administrative 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 Administrative Office.***