



ALASKA ELECTRICAL PENSION PLAN ENROLLMENT FORM

701 E. Tudor, Suite 200
Anchorage, AK 99503
(907) 276-1246 or (800) 478-1246
Fax (907) 278-7576



EMPLOYEE IDENTIFICATION

First Name	Initial	Last Name
Mailing Address	City	State Zip Code
Email Address		
SSN	Date of Birth	Gender () Phone Number

SPOUSE IDENTIFICATION

First Name	Initial	Last Name
Mailing Address (if different from yours)	City	State Zip Code
SSN Date of Birth Gender () 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.