



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
_____	_____	_____ (_____) _____	_____
SSN	Date of Birth	Sex	Phone Number

SPOUSE IDENTIFICATION

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