



Alaska Electrical Retirement Savings 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.