



Alaska Electrical Trust Funds

PENSION FUND – HEALTH AND WELFARE FUND – LEGAL FUND
701 E Tudor Suite 200 • Anchorage, AK 99503
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CHANGE OF ADDRESS FORM

Participants Name: _____

Effective Date: _____

ID Number: _____

Date of Birth: _____

Gender: _____

Phone Numbers: _____

OLD Mailing Address: _____

NEW Mailing Address: _____

Participants Signature: _____

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

.....OFFICE USE ONLY.....

Posted By: _____ Date: _____