



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 Middle Initial Social Security Number Date of Birth

 Present Mailing Address City State Zip Phone

 Permanent Mailing Address (if different than above) City State Zip Phone

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.