

Alaska Laborers-Employers Retirement Trust Fund

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Website: www.aklaborerstrust.com
Administered by WPAS, Inc.

ADDRESS CHANGE FORM

Member's Name *(First)* _____ *(Middle Initial)* _____ *(Last)* _____

Effective Date _____

Retirement Number _____

Please mark your preference below with an "X".

<input type="checkbox"/>	Please change my mailing address for correspondence only. Please continue to send my Retirement Income payments directly to my bank.
<input type="checkbox"/>	Please change my mailing address for checks <u>and</u> correspondence.

OLD ADDRESS
Street Address
Suite or Apt Number
City, State and Zip

NEW ADDRESS
Street Address
Suite or Apt Number
City, State and Zip

Home Phone Number _____

Mobile Phone Number _____

Email Address _____

Signature of Retiree _____

Date of Signature _____

Print Name _____

Social Security Number _____