

Alaska Laborers-Employers Retirement Trust Fund

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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