

# Alaska Laborers-Employers Retirement Trust Fund

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Administered by  
WPAS, Inc.

## **DEFINED BENEFIT PENSION PLAN AUTHORIZATION AGREEMENT ELECTRONIC FUNDS TRANSFER (EFT)**

The Alaska Laborers-Employers Retirement Fund offers you the option to have your monthly benefit payment electronically transferred to your bank, credit union, or other financial institution.

I hereby authorize the Alaska Laborers-Employers Retirement Fund to make Pension benefit deposits to my bank account. This authorization is to remain in full force and effect until the Administration Office receives written notice from me instructing them otherwise. I understand that it can take up to (30) thirty days to make bank and/or account number changes or to discontinue my electronic deposit.

In the event an amount should be credited in error to my account, including, but not limited to, by reason of my death prior to the date on which any payment shall become due, I authorize the Trust Fund to direct the Depository to make the appropriate debit adjustment.

Name (**please print**) \_\_\_\_\_

Social Security Number \_\_\_\_\_ WPAS ID \_\_\_\_\_

Mailing Address \_\_\_\_\_

☐ *This is a new Address*

\_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Financial Organization/Bank \_\_\_\_\_

Bank's Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Bank's Mailing Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Type (**Please mark one**) ☐ Savings ☐ Checking

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR THE NECESSARY NUMBERS REQUESTED AND  
ENCLOSE EITHER A BANK VERIFICATION LETTER OR A VOIDED CHECK**

<b>NOTARIZATION OF EMPLOYEE'S SIGNATURE</b> Subscribed and sworn to before me this _____ day of _____, 20_____. _____ <b>Notary Public Signature</b>  Notary Public in and for the State of _____ Residing at _____ My commission expires: _____	<b>NOTARY SEAL</b>	_____ Employee's Signature _____ Print Employee's Name _____ Mailing Address: _____ _____ _____
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To ensure that your retirement checks are received in a timely manner, and your retirement records are up to date, a Continuance Form will be mailed to you annually. If the continuance form is **not** returned, your retirement checks will be withheld until the Administration Office has received your completed form.