

All Alaska Longshore Pension Trust

Request for retirement paperwork

Participant Name _____

Participant SSN# _____

Participant Date of Birth _____

Have you ever been divorced? _____ Yes _____ No

Currently Married _____ Yes _____ No

If Married, Spouse's Date of Birth _____

Are you working in the industry (any employer, union or non-union)? _____

Date last worked in the industry: _____

Date of Retirement requested _____

Current Mailing Address:

Phone number: _____ (include area code)

Email: _____

If you would like to retire please complete and return this form to our office. Upon receipt of the completed form we will calculate your benefit options and mail a retiree application out to you.