All Alaska Longshore Trust Funds

RETIRED-CASUAL REGISTRATION FORM

Port:_____

In order for a participant to be considered retired from the All Alaska Longshore Pension Trust he or she is required to de-register from all covered employment. Please complete this form to indicate that the he or she has de-registered.

Date of Retirement: _____

Date De-Registered: _____

I hereby certify that _____ is now de-registered.
Print Member Name

_____ _____
Signature of Employer Representative Date

_____ _____
Signature of Union Representative Date

A signature from both an Employer representative and Union representative is needed.

Please return completed form to the Trust Office.

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www.AlaskaLongshorebenefits.org

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