

All Alaska Longshore Trust Funds

DE-REGISTRATION

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.