

Alaska Laborers Trust Funds

Web Site Pin Request Form

Name _____

Social Security Number _____

Address _____

Mailing address

City State Zip Code

Please provide me with a personal identification number (PIN), which I understand when used in combination with my social security number will allow me access to “My Personal Benefits” information via the Alaska Laborers web site.

Signature _____ Date _____

(Must be signed by participating member)

Return this completed request form to: Alaska Laborers Trust Funds
PO Box 34203
Seattle, WA 98124-1203

Web Site: www.aklaborerstrust.com