FORM 5

AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION BENEFITS

To: ALASKA TEAMSTER-EMPLOYER PENSION TRUST

I hereby authorize you to initiate credits (and/or corrections to previous credits) to the financial institution indicated below. The institution is hereby authorized to credit (and/or correct) the amounts to my account.

Please fill out *completely*.

Financial Institution Name (Bank, Mutual Savings Bank, Savings & Loan, Credit Union)	**Branch**	**Type of Account:** ____ Savings ____ Checking ____ Other: _____
Street Address, City, State & Zip		**Telephone** ( )

FINANCIAL INSTITUTION ROUTING NUMBER

PERSONAL ACCOUNT NUMBER

This authorization is to remain in full force and effect until revoked by me in writing.

Recipient/Depositor Name (Print)	**Social Security Number**
Mailing Address	**City, State, Zip**
Telephone Number ( )	
Recipient/Depositor AUTHORIZING SIGNATURE	**Date**

Please return to:

ALASKA TEAMSTER-EMPLOYER PENSION TRUST
520 E. 34TH AVENUE, SUITE 107
ANCHORAGE, AK 99503-4116
(907) 751-9700 *or* (800) 478-4450 (*toll free*)
Fax (907) 751-9738