

## To: ALASKA TEAMSTER-EMPLOYER PENSION TRUST

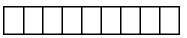
I hereby authorize you to initiate credits (and/or corrections to previous credits) to the financial institution indicated below. The institution is hereby authorized to credit (and/or correct) the amounts to my account.

## Please fill out *completely*.

Financial Institution Name (Bank, Mutual Savings Bank, Savings & Loan, Credit Union)	Branch	Туре	of Account: _ Savings Checking
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. 34<sup>TH</sup> AVENUE, SUITE 107
 ANCHORAGE, AK 99503-4116

 (907) 751-9700 or (800) 478-4450 (toll free)
 Fax (907) 751-9738