



ALASKA TEAMSTER-EMPLOYER PENSION TRUST

BENEFIT ESTIMATE REQUEST FORM

Ph: (907) 751-9700 or (800) 478-4450 Fax: (907) 751-9738

Email: benefits@959trusts.com Website: www.959trusts.com

Name

Date of Birth

Last 4 digits of SSN

Telephone Number

Mailing Address

City

State

Zip

Email Address

Spouse's Name

Spouse's Date of Birth

★ **Your current estimate at Normal Retirement Age (65) and current work history can be found at www.ourbenefitoffice.com/akt/benefits/. Please register to access your information online.**

- A current work history (*please allow approximately one - two weeks*)
- A current estimate of monthly benefits based on hours reported to date (*please allow approximately four - six weeks*)
- Projection to age: (____)

Projects will not exceed 5 years and will include average hours worked.

If I have listed a Spouse, please include the Joint Annuity Options

- If you are planning on retiring *within the next three months* and need a retirement package; please download all the retirement forms at www.959trusts.com. ★ If you do not have Internet access, please check this box:

Participant's Signature

Date

★ *All requests are responded to in the order they are received.* ★

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