



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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Date of Birth	Last 4 digits of SSN	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.959trusts.com select the NETime link and register.

- A current work history (*allow approximately one - two weeks*)
- A current estimate of monthly benefits based on hours reported to date (*allow approximately four - six weeks*)
- Projection to: **Projects will not exceed 5 years.**
- _____ (specific age/retirement date), or

Please base this projection on:

- My average hours worked
- _____ Number of hours per (*circle one*): week month year
- 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.

(rev. 7/10/15)