

Alaska Laborers Trust Funds

Web Site Pin Request Form

Name _____

Social Security Number or WPAS ID _____

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 or WPAS ID will allow me access to “My Trust” information via the Alaska Laborers Trust Funds web site.

Signature _____

(Must be signed by participating member)

Date _____

Return this completed request form to:

ALASKA LABORERS TRUST FUNDS
PO Box 34203
Seattle, WA 98124-1203