

Alaska Carpenters Trust Funds

Web Site Pin Request Form

Name _____

Social Security Number _____

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 will allow me access to “My Personal Benefits” information via the Alaska Carpenters web site.

Signature _____

(Must be signed by participating member)

Date _____

Return this completed request form to:

Alaska Carpenters Trust Funds
PO Box 34203
Seattle, WA 98124-1203