

Alaska Plumbing and Pipefitting Industry Pension Fund

375 W. 36th Avenue, Suite 200 • P. O. Box 93870 • Anchorage, Alaska 99503
Phone (907) 561-5119 or (800) 325-6532 • Fax (907) 561-4802

Administered by
Welfare & Pension Administration Service, Inc.

AFFIDAVIT OF BIRTH DATE / NAME CHANGES

Please provide all information as indicated. This form must be signed before a Notary Public.

I, _____, was born on _____. My name at birth was _____. I verify that I am one in the same person.

Previous Names (if any)

Date of Name Changes

Signature

Date

SUBSCRIBED AND SWORN before me this _____ day of _____, 20____

Notary Public Signature

Notary Public in and for the State of: _____

My Commission Expires: _____