

Alaska Plumbing and Pipefitting Industry Pension Fund

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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: _____