

Alaska National Guard ASDF
Payroll System Enrollment Form

Organization/
Unit: _____

Name: _____
(Last, First, MI)

SSN: _____ Date of Birth: _____

Gender: _____ Phone: _____

Date of Hire/
Enlistment: _____ Email: _____

Physical Address:

Mailing Address: (if different)

Street Number/Name

Street or PO Box

City

City

State Zip Code

State Zip Code

Required Forms:

____ I-9 Form

____ Beneficiary for Unpaid Compensation

____ W-4 Form

____ Address Authorization Form

Optional Forms:

____ Designation of Beneficiary for Supplemental Annuity Plan
(Due within 30 days to Division of Retirement and Benefits. DAS Admin staff can mail this form at the soldier's request)

____ Direct Deposit Form
(Must provide completed form with a voided check or the equivalent form from your banking institution)

OR

____ I acknowledge that if I choose to not complete the Direct Deposit Form I will receive a check in the mail at the address provided above.

Certified By: _____
Signature

Date

Printed Name