

**IMPORTANT! ONLY FILL OUT FOR FUNDS YOU WANT TO TRANSFER!**

Name:

**RECIP LU#:**

PROCESSORS INITIALS:

(INTERNAL USE ONLY) LETTER SENT? Y / N DATE SENT:

PARTICIPANT INFORMATION - (PLEASE PRINT)		
LAST NAME	FIRST NAME	MIDDLE
SOCIAL SECURITY #	CONTACT PHONE #	
_____/_____/_____	(_____) _____ - _____	
HOME ADDRESS	CITY / STATE / ZIP	
BIRTH DATE	HOME LOCAL UNION NO.	UNION BOOK NO.

**SUBJECT TO PROVISIONS**

I further understand and agree that the Trustees of the Transferring Fund have no obligation apart from the forwarding of contributions in accordance with the request and, after the transfer is made, I no longer have any claim against the Transferring Fund for the contributions transferred or any benefits which otherwise might accrue to me or to my dependents, survivors or beneficiaries under the Transferring Fund's Plan based on the transferred contributions. I understand that my eligibility for benefits shall be based solely on the Eligibility Rules and Plan Provisions of my Home Fund. I (on behalf of myself as well as on behalf of anyone claiming through me) hereby release and discharge Trustees of the Transferring Fund and successors and assigns of and from all claims, demands, actions, causes of actions or suits with respect to any contributions so transferred.

***\*Under the International Reciprocal Agreement, the reciprocal transfer of Pension and Annuity funds must be accomplished within 60 days of receipt by the request of the member. The Trustees of the Iron Workers' Mid-America Pension and SMA Funds have expanded the window of reciprocity to 120 days.***

Date Signed: \_\_\_\_\_ Signature: \_\_\_\_\_  
Month Day Year (use full name)

**EFFECTIVE: MARCH 2010**