

IRON WORKERS' RECIPROCITY ELECTION FORMS
MID-AMERICA PENSION - MID-AMERICA SUPPLEMENTAL MONTHLY ANNUITY (SMA)

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

PLEASE NOTE: The completed form should be filed with the Mid-America Fund office within sixty (60) days following the beginning of employment.

MID-AMERICA PENSION

☐ I do
☐ I do not
elect to have Pension (defined benefit) contributions
sent to my Home Fund.

****See below for more information***

**MID-AMERICA SUPPLEMENTAL MONTHLY ANNUITY
(SMA)**

☐ I do
☐ I do not
elect to have SMA (defined contribution) contributions
sent to my Home Fund.

****See below for more information***

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.	

EMPLOYEE AUTHORIZATION AND SIGNATURE

SUBJECT TO PROVISIONS

I hereby authorize transfer of contributions as noted above to my Home Fund as designated above, in accordance with the provisions of the applicable Iron Workers' reciprocal agreement.

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.

AND, THEREFORE, agree to hold Trustees of the Transferring Fund harmless from any claim which may be brought based on contributions paid to the Transferring Fund.

****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)

QUESTIONS OR INQUIRIES: (708)474-9902 ext. #4 or (800)232-8029 ext. #4

PLEASE MAIL COMPLETED FORM TO: 2350 East 170th Street, P.O. Box 708, Lansing, IL 60438

EFFECTIVE: MARCH 2010

Name: _____

RECIP LU#: _____

PROCESSORS INITIALS: _____

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