

Iron Workers International Reciprocal Agreement Authorization of Contributions Transfer

Name _____ Date of Birth _____
Home Address _____
Street City State ZIP
Telephone _____ Social Security No. _____ Home Local No. _____

I hereby elect or do not elect as indicated below to the extent that the Trustees of any Cooperating Fund(s) receiving this authorization and the Trustees of my Home Pension, Welfare and Annuity Fund(s) (as noted above) have executed agreements between them permitting the transfer of contributions, to have the Pension, Welfare, and or Annuity contributions paid on my behalf to any cooperating Fund(s) receiving this authorization of direction to remit to my Home Pension, Welfare and Annuity Funds as now stated by me.

Welfare Fund/WRA

Elect Do Not Elect to have my Welfare Contributions remitted to my Home Fund

Name of Fund: **Iron Workers District Council of WNY & Vicinity Welfare Fund**
3445 Winton Place, Suite 238
Rochester, NY 14623-2950

Pension Fund

Elect Do Not Elect to have my Pension Contributions remitted to my Home Fund

Name of Fund: **Iron Workers District Council of WNY & Vicinity Pension Fund**
3445 Winton Place, Suite 238
Rochester, NY 14623-2950

Annuity Fund

Elect Do Not Elect to have my Annuity Contributions remitted to my Home Fund

Name of Fund: **Iron Workers District Council of WNY & Vicinity Annuity Fund**
3445 Winton Place, Suite 238
Rochester, NY 14623-2950

Supplemental Fund

Elect Do Not Elect to have my Supplemental Contributions remitted to my Home Fund

Name of Fund: **Iron Workers District Council of WNY & Vicinity Supplemental Benefit Fund**
3445 Winton Place, Suite 238
Rochester, NY 14623-2950

I understand that the Cooperating Fund(s) will act solely as the agent of the noted Home Fund(s) and as such, I shall be subject to the eligibility rules of said Home Fund(s) upon transfer of contributions. I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Cooperating Fund(s) and their Trustees of and from all claims, demand, actions, causes of actions or suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me had I not authorized this transfer of contributions. I further recognize that the transfer of contributions to the noted Home Funds may or may not ultimately prove to be to the advantage of myself and/or my beneficiaries.

Signed _____ Date _____