TRANSFER AUTHORIZATION

			WELFARE	PENSION	SAVINGS	ANNUTTY
NAME:					DATE OF BIRTH	
	LAST	(PRINT)	FIRST	MIDDLE		
ADDRESS: _					SOC. SEC. #	
		NUMBER AND ST	TREET			
_	CITY	STATE	ZIP			
MEMBER OF LOCAL #: LOCATED AT:				AT:		
WORKING I	N JURISD	ICTION OF LC	OCAL #:			
LOCATED A	Т:	CITY			CTATE	
					STATE	
This author	izes the _					to transfer to
			welfare /	pension / savi	ngs / annuity cont	ributions made to them on my behalf by my
employers.						
(Note: No T	ransfers	mav be made	e covering periods	of employme	ent for more than s	six (6) months before the date you sign this Form.)
•		TO CONDITIO	• .			(,, , , , , , , , , , , , , , , , , , ,

*In authorizing this transfer, the signer releases the Board of Trustees from any liability or claim by an employee or anyone claiming through him that the transfer of contributions may not Work to his best interest. The signer further agrees that his eligibility for benefits and all other participants rights are governed by the terms of the home fund's plan and not by the terms of the funds' plan that is transferring contributions. The signer also expressly agrees that in computing Welfare eligibility as a result of transferred contributions, that his home fund may divide the total amount transferred from the transferring fund by the home fund's rate of contribution and the quotient (result) shall be the number of hours for which he shall receive credit from the home fund.

This transfer authorization will remain in effect until revoked in writing by the employee or by the transferring fund or home fund under the terms in the Reciprocal Agreement.