

## TRANSFER AUTHORIZATION

WELFARE      PENSION

NAME: \_\_\_\_\_  
                    LAST      (PRINT)      FIRST      MIDDLE

DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                                    NUMBER AND STREET

SOC. SEC. # \_\_\_\_\_

\_\_\_\_\_  
                    CITY                      STATE                      ZIP

MEMBER OF LOCAL #: \_\_\_\_\_ LOCATED AT: \_\_\_\_\_

WORKING IN JURISDICTION OF LOCAL #: \_\_\_\_\_

LOCATED AT: \_\_\_\_\_  
                                    CITY    STATE

This authorizes the \_\_\_\_\_ to transfer to  
\_\_\_\_\_ welfare / pension / savings / annuity contributions made to them on my behalf by my  
employers.

(Note: No Transfers may be made covering periods of employment for more than six (6) months before the date you sign this Form.)  
THIS FORM SUBJECT TO CONDITIONS BELOW.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

\*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.