United Brotherhood of Carpenters and Joiners of America RECIPROCITY FORM AUTHORIZATION FOR THE TRANSFER OF CONTRIBUTIONS

Please complete this form in its entirety (Parts A - D)

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A.	Member Information	

	Participant Name (First, MI, Last)					Participant SSN					
	Street Address		City			State		Zip			
	Date of Birth	Phone		E	Email Address			Local Number			
В.	My Home Fund is the Fund within the jurisdiction of my Local Union. I want my contributions to go to my Home Fund(s). I a a participant in the Fund(s) listed below - Referred to as "Home" Fund(s):										
	Please list only the na	ames of	the HOME Fu	nd(s) to v	which yo	u want your o	contribution	ns transferred to:			
	Health & Welfare Home Fund:										
	Pension Home Fund:										
	Annuity Home Fund:										
c .	C. Cooperating Outside Fund For the period beginning										
•	Health & Welfare Outside Fund:										
-	Pension Outside Fund:										
	Annuity Outside Fund:										
-	Outside Local Union:										
L	Note: Since contribution rates vary from Fund to Fund, hours worked outside your "Home Fund" area may result in a reduction of credited hours.										
D	Authorization/Signature I hereby elect, to the extent that the Trustees of the above cooperating Outside Fund(s) and the Trustees of my Home Fund(s) have agreed, through the execution of the International Reciprocal Agreement, to have contributions paid on my behalf to the cooperating Outside Fund(s) sent to my Home Fund upon the receipt of my "Authorization for the Transfer of Contributions" form. I understand this request for transfer of contributions must be filed within 60-days following commencement of my temporary employment within the jurisdiction of the cooperating Outside Fund(s). This authorization and waiver shall continue until revoked by me in writing, delivered to the Home Fund(s) and to the Outside Fund(s).										
I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge to cooperating Outside Fund(s) and its Trustees of and from all claims, demands, actions, causes of actions, and suits with resp to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me or beneficiaries had I not authorized this transfer of contributions. I understand that transferring contributions may negative affect my eligibility.											
	Participant Signature:						_ Date Sigr	ned			
Т	his Request for Transfer/Authorization	on by Par	ticipant is her	eby ackno	wledged	and submitted	d by the Ho	me Fund to the Outside Fund.			
	ignature of Home Fund Represent	•	·	•	•		•				
		_					_ 3				
Ā	dministrative/Fund Office			Address				Phone Number			