

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}

A. Member Information

Participant Name (First, MI, Last)		Participant SSN	
Street Address	City	State	Zip
Date of Birth	Phone	Email Address	Local Number 133

B. Home Fund Information

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 am a participant in the Fund(s) listed below - *Referred to as "Home" Fund(s)*:

Please list only the names of the HOME Fund(s) to which you want your contributions transferred to:	
Health & Welfare Home Fund: (Name & Address)	CMRCC Fringe Benefit Funds PO Box 932555, Cleveland, OH 44193
Pension Home Fund: (defined benefit)	Indiana Carpenters Pension Fund CMRCC Carpenters Benefit Funds, PO Box 932555, Cleveland, OH 44193
Annuity Home Fund: (defined contribution)	CMRCC Carpenters Benefit Funds PO Box 932555, Cleveland, OH 44193

C. Cooperating Outside Fund

For the period beginning _____ I (will be working) (have worked) in an area covered by the following Fund(s) - Referred to as cooperating or "Outside" Fund(s):

Please list only the names of the cooperating OUTSIDE Fund(s):	
Health & Welfare Outside Fund:	Central Illinois Carpenters Health & Welfare, 200 S Madigan, Lincoln, IL 62656
Pension Outside Fund:	Carpenters Pension Fund of Illinois P.O. Box 94416, Chicago, IL 60690-4416
Annuity Outside Fund:	Carpenters Annuity Fund of Illinois, 200 S Madigan, Lincoln, IL 62656
Outside Local Union:	

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(s) 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 the cooperating Outside Fund(s) and its Trustees of and from all claims, demands, actions, causes of actions, and suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me or my beneficiaries had I not authorized this transfer of contributions. I understand that transferring contributions may negatively affect my eligibility.

Participant Signature: _____ Date Signed: _____

This request for Transfer/Authorization by Participant is hereby acknowledged and submitted by the Home Fund to the Outside Fund. Signature of Home Fund Representative: _____

Administrative/Fund Office

Address

Phone Number