



IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY

INTERNATIONAL RECIPROCAL AGREEMENT AUTHORIZATION OF CONTRIBUTIONS TRANSFER

PLEASE REMEMBER TO PRINT CLEARLY WHEN COMPLETING THIS FORM
IF WE CANNOT READ IT HOURS WILL NOT BE SENT OUT

NAME (PRINT) _____

HOME ADDRESS: _____

TELEPHONE:(_____) _____ BIRTHDATE: _____

HOME LOCAL: _____ UNION BOOK # _____

COMPLETE SOCIAL SECURITY # _____

I HEARBY ELECT, AS INDICATED BELOW, TO HAVE ALL CONTRIBUTIONS WHICH ARE PAID ON MY BEHALF TO THE FOLLOWING FUNDS, TRANSFERRED TO MY HOME LOCAL. I UNDERSTAND THAT THIS AUTHORIZATION IS ONLY VALID WITH RESPECT TO THOSE COOPERATING FUNDS THAT HAVE EXECUTED AGREEMENTS WITH MY HOME FUND TO PERMIT THE TRANSFER OF CONTRIBUTIONS. IF MY HOME FUND DOES NOT HAVE AN ANNUITY FUND, I UNDERSTAND THOSE CONTRIBUTIONS WILL REMAIN IN IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY ANNUITY TRUST FUND.

BY SIGING BELOW,

- I ELECT TO HAVE MY **BENEFIT FUND** CONTRIBUTIONS REMITTED TO MY HOME FUND
- I ELECT TO HAVE MY **PENSION FUND** CONTRIBUTIONS REMITTED TO MY HOME FUND
- I ELECT TO HAVE MY **ANNUITY FUND** CONTRIBUTIONS REMITTED TO MY HOME FUND

I UNDERSTAND THAT THE COOPERATING FUND(S) WILL ACT SOLEY 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 THE 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, DEMANDS, ACTIONS, CAUSES OF ACTIONS OR SUITS WITH RESPECT TO ANY CONTRIBUTIONS TRANSFERRED & 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 THE ADVANTAGE OF MYSELF AND/OR MY BENEFICIARIES.

DATE

SIGNATURE IN FULL – (DO NOT PRINT)