

IRONWORKERS INTERNATIONAL RECIPROCAL AGREEMENT

AUTHORIZATION OF CONTRIBUTIONS TRANSFER

Name: _____
First Middle Initial Last

Social Security No.: _____

Address: _____

Home Telephone: () _____
Local Union No.: _____

I hereby elect to the extent that the Trustees of these above-noted Cooperating Fund(s) and the Trustees of my Home Pension, Annuity and/or Health & Welfare Funds (as noted below) have executed agreements between them permitting the transfer of contributions, to have Pension, Annuity and Health & Welfare contributions paid on my behalf to the above-noted Funds remitted to my Home Pension, Annuity and/or Health & Welfare Fund(s) as now stated by me.

The effective date of this notice shall be the first of the month in which I am employed in the jurisdiction of the Cooperating Fund provided the notice is received within 60 days of that date.

The authorization is voluntarily given by me and at my instance and shall remain in full force and effect until the end of the month written notice is given by me to this Cooperating Fund to cancel this authorization.

Please Print

Home Pension Fund Name & Local No. _____

Address: _____

Home Annuity Fund Name & Local No. _____

Address: _____

Home Health & Welfare Fund Name & Local No. _____

Address: _____

I understand that the Cooperating Fund(s) will act solely 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 so transferred and 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 to the advantage of myself and/or by beneficiaries.

Signature: _____
(Please use Full Name)

Date Signed: _____

FORWARD FORM TO PLAN ADMINISTRATOR