

Request for Transfer of Pension Fund Contributions

TO: Board of Trustees of the

**

Pursuant to the provisions of the Reciprocity Agreement entered into between your Pension Fund(s) and my home Fund(s), I hereby request that you transfer to my HOME Fund(s) the pension fund contributions made in my behalf to your Fund(S) during the calendar year _____.

Please indicate type of Pension Funds To Be Transferred:

Defined Benefit

Defined Contributions (annuity)

Both

During the year, I worked for the following employers who made, or should have made pension fund contributions in my behalf to your Fund(s):

Employer's Name	Month(s) Employed	Hours Worked
<u>ALL</u>	<u>ALL</u>	<u>ALL</u>
_____	_____	_____
_____	_____	_____

I understand that if this request is approved and the transfer made, I shall no longer have any claim on your Fund(s) for said contributions and/or to my dependents, survivors or beneficiaries under the Pension Plan of your Fund based upon said contributions and that my eligibility for any benefits based on said contributions shall be determined solely under, and in accordance with the provisions of the Pension Plans(s) established by my Home Fund.

** Refer to list of funds which have entered into the Reciprocity Agreement and insert the name of the fund(s) to which contributions were made in your behalf and which you are requesting be transferred to your Home Fund which is:

Twin City Carpenters and Joiners Pension Fund (Defined Benefit Plan)

or

Carpenters and Joiners Defined Contribution Plan

- OVER -

Inconsideration of your transferring to my Home Fund(s), in accordance with this request for Transfer, the said pension fund contributions made in my behalf to your Fund(s), I (on behalf of myself as well as on behalf of anyone claiming through me) hereby release and forever discharge you (the Trustees of the Fund above first-named), you successor and assigns, of and from all clams, demands, actions, causes of action or suits with respect to any such pension fund contributions so transferred and for, and as to, any benefits or credits which would have accrued or became payable to me had such pension fund contributions not been transferred as herein above requested. In so releasing and discharging you, I recognize that the transfer of said pension fund contributions to my Home Fund(s) may or may not ultimately prove to be to the advantage of myself and/or of my beneficiaries.

Name of Applicant (please Print) _____

Social Security Number _____

Address of Applicant _____

Name of Home Fund(s): Twin City Carpenters and Joiners Pension Fund
 Carpenters and Joiners Defined Contribution Plan

Address of Home Fund(s): 3001 Metro Drive – Suite 500
 Bloomington, MN 55425

Name of Union Including Local Union Number: _____

Signature of Applicant

Date

Twin City Carpenters and Joiners Health and Welfare Fund

3001 Metro Drive, Suite 500 * Bloomington, MN 55425
Phone (952) 854-0795 or 1-800-535-6373 * Fax (922) 851-3490

Authorization to Transfer Employer Contributions Under Reciprocity Policies

1. _____, a member of Local Union # _____ or represented by TWIN CITY CARPENTERS AND JOINERS HEALTH AND WELFARE FUND, and normally covered for hospital, surgical and related insurance by and under the TWIN CITY CARPENTERS AND JOINERS HEALTH AND WELFARE FUND (hereinafter referred to as "HOME FUND") understand that there is, or will be, in effect a reciprocity agreement or policy between my HOME FUND and the following health and welfare fund covering the geographical area in which I have been or will be performing work (herein referred to as "Out-of-Town Fund": Wisconsin Carpenters Health Fund.
2. I hereby authorize and direct, pursuant to the reciprocity policy or agreement in effect between my HOME FUND and the Out-of-Town Fund, that any employer contributions made on my behalf during the months of ALL, 2009 to such Out-of-Town fund by my following employers:
ALL

pursuant to labor agreements entered into by our on behalf of such employers with Carpenter Local Unions and/or District Councils ("Union") be transferred and remitted to my HOME FUND whenever requested by the Administrative Manager of such HOME FUND.
3. To the extent that any employer contributions are transferred and remitted to my HOME FUND in accordance with Paragraph 2 above, I hereby release the respective contributing employers and the Union, referred to in Paragraph 2 above, as well as the Trustees of the remitting Out-of-Town Fund of and from any further responsibility and liability with regard to payment of contributions so transferred and remitted and with regard to providing coverage for benefits.

Duration: This Authorization shall remain in effect until such time as the employee notifies the Administrative Manager of the HOME FUND to the contrary, but in no event shall transfers under this authorization be made for a period longer than one year.

EMPLOYEE: PLEASE SIGN AND FORWARD THIS FORM TO THE OUT-OF-TOWN FUND

Employee Signature

Employee Social Security Number

Date