

IRON WORKERS
INTERNATIONAL RECIPROCAL AGREEMENT AUTHORIZATION OF CONTRIBUTIONS TRANSFER

NAME (PLEASE PRINT) _____

HOME ADDRESS _____

CITY STATE ZIP

TELEPHONE (_____) _____ SS# _____

DOB _____

HOME LOCAL # _____ UNION BOOK # _____

I hereby elect or do not elect as indicated below, to have contribution which are paid on my behalf to the following Funds, transferred to my Home Fund. 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.

_____ **Elect** _____ **Do Not Elect** To have my **Benefit Fund** contributions remitted to my Home Fund
_____ **Elect** _____ **Do Not Elect** To have my **Pension Fund** contributions remitted to my Home Fund
_____ **Elect** _____ **Do Not Elect** To have my **Annuity Fund** contributions remitted to my Home Fund

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 contribution. I further recognize that the transfer of contribution to the noted Home Funds may or may not ultimately prove to be the advantage of myself and/or my beneficiaries.

Month Day Year

Signature in full (DO NOT PRINT)