

**HEALTH AND WELFARE
AUTHORIZATION AND REQUEST TO TRANSFER EMPLOYER CONTRIBUTIONS
UNDER RECIPROCITY AGREEMENTS**

I, _____ (print), am a member of or represented by a Local Union which participates in the _____ and is hereinafter referred to as my "Home Fund." The address of this Fund is _____.

I understand that there is, or will be, a reciprocity agreement between my Home Fund and _____ Fund hereinafter referred to as "Out-of-Town Fund" covering contributions made to the latter named Fund for work performed by me while working within the geographic area covered by it.

I hereby authorize and request the transfer of employer contributions made in my behalf from the Out-of-Town Fund to my Home Fund pursuant to the terms of the reciprocity agreement. This authorization and request is to apply to the contributions made in my behalf to the Out-of-Town Fund by the following employer:

and to contributions made in my behalf to said Out-of-Town Fund by any other employers for whom I may work while this authorization and request is in force.

I hereby release any and all fiduciaries and all others involved in or connected with said transfer from any and all liability which they might incur by reason of any loss or damages resulting to me or my successors, heirs or assigns by reason of or as a result of said transfer. I specifically understand that the transfer of contributions hereby authorized may not work to my best advantage.

This authorization and request shall remain in full force and effect unless I notify the Trustees of the Out-of-Town Fund in writing of my desire to revoke it, in which case this authorization and request shall terminate on the last day of the month in which such notice is received by the Trustees of the Out-of-Town Fund.

Signature _____

Social Security Number _____

Address _____

Local Union Number _____

Address _____

Date of Birth _____

Date _____