## **Reciprocity Form**

St. Louis – Kansas City Carpenters Regional Health & Annuity Plans Carpenters Pension Trust Fund of St. Louis

1419 Hampton Avenue, St. Louis, MO 63139

Phone: (314) 644-4802 | Toll-Free: (877) 232-3863 | Fax: (314) 678-1110

Home Health & Welfare Fund

**Fund Name** 

Email: traveler@laborfunds.org | Website: laborfunds.org

## **Authorization for Transfer of Contributions**

	Please co	mplete this for	rm in its	entirety (F	Parts A	– D) and <u>r</u>	eturn to	the add	dress a	t the to	op of this form.	
۱v	wish to transfer o	contributions:	(select or	ie)								
	☐ <u>INTO</u> the Mid-America Carpenters Regional Council, St. Louis-Kansas City Benefit Funds, my Home Fund.											
						Council, S	t. Louis-	Kansas (	City Be	nefit F	unds (the Outside/	
	Away Fund(	s)) <u>TO</u> my Hon	ne Fund(	s) listed b	elow.							
Α.	Member Information											
	Member Full Name (					Member SSN						
	Street Address			City			State			Zip		
	Date of Birth Phone					Email Addı	Email Address			Local Number		
В.	Employer Inform	mation	<u>'</u>			1						
	Employer Name			Job Location (City/State)				Away Fun Local Numb			Work Dates (From – To)	
	Email Address			Phone Number								
C.	My Cooperating	g Home Fund					1					
	Home Health & Welfar			re Fund Home Pen			sion Fund Effe			Home Annuity Fund ective for hours 5/1/2019 or after		
	Fund Name											
	Phone Number											
	Street Address											
	City, State, Zip											
	of my Home Fund of my contribution	I Release: By sign (s) and as such, ins. I hereby relustees of and fro ustees of and fro	I shall be lease (on om all clair	subject to to behalf of n ms with resp	he eligib nyself as pect to a	oility rules a s well as a any contrib	nd bene nyone cla	fit provis aiming th	ions of rough	my Hom me) and	ill act solely as the agen ne Fund(s) upon transfe d further discharge You benefit or credits which	
ſ	Member Signature	(REQUIRED):						Da	te Sign	ed		
ſ		FOR OFFICE USE ONLY										

**Home Pension Fund** 

**Home Annuity Fund** 

