

United Brotherhood of Carpenters and Joiners of America
RECIPROCITY FORM
AUTHORIZATION FOR THE TRANSFER OF CONTRIBUTIONS

Please complete this form in its entirety (Parts A – D)

A. Participant Information

Participant Name (First, MI, Last):		Participant SSN:	
Street Address:		City & State:	Zip:
Date of Birth:	Phone:	Email Address:	Local Number:

B. Home Fund Information

I have worked or will work in an area covered by a cooperating Outside/Away Fund. I request that the contributions made on my behalf to the Outside/Away Fund be transferred to my Home Fund(s). I am a participant in the Home Fund(s) listed below:

Please list only the names of the HOME Fund(s) to which you want your contributions transferred to:	
Health & Welfare Home Fund:	
Pension Home Fund:	
Annuity Home Fund:	

C. Cooperating Outside/Away Fund

For the period beginning ____/____/____, (Month/Day/Year), I have worked or will work in an area covered by the following Fund(s) – Referred to as “cooperating Outside/Away Fund(s)”:

Please list only the names of the cooperating OUTSIDE/AWAY Fund(s) :	
Health & Welfare Home Fund:	Mid-America Carpenters Regional Health Fund – St. Louis-Kansas City Region 1419 Hampton Ave, St. Louis, MO 63139
Pension Home Fund:	Carpenters' Pension Trust Fund of St. Louis 1419 Hampton Ave, St. Louis, MO 63139
Annuity Home Fund:	St. Louis-Kansas City Carpenters Regional Annuity Fund 1419 Hampton Ave. St. Louis, Mo. 63139
Outside/Away Local Union:	
Outside/Away Employer	

Note: Since contribution rates vary from Fund to Fund, hours worked outside your "Home Fund" area may result in a reduction of credited hours.

D. Authorization/Signature

I hereby elect, to the extent that the Trustees of the above cooperating Outside Fund(s) and the Trustees of my Home Fund(s) have agreed, through the execution of the International Reciprocal Agreement, to have contributions paid on my behalf to the cooperating Outside Fund(s) sent to my Home Fund upon the receipt of my "Authorization for the Transfer of Contributions" form. I understand this request for transfer of contributions must be filed within 60-days following commencement of my temporary employment within the jurisdiction of the cooperating Outside Fund(s). **This authorization and waiver shall continue until revoked by me in writing, delivered to the Home Fund(s) and to the Outside Fund(s).**

I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the cooperating Outside Fund(s) and its Trustees of and from all claims, demands, actions, causes of actions, and suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me or my beneficiaries had I not authorized this transfer of contributions. I understand that transferring contributions may negatively affect my eligibility.

Participant Signature: _____ **Date Signed:** _____

This Request for Transfer/Authorization by Participant is hereby acknowledged and submitted by the Home Fund to the Outside/Away Fund.

Signature of Home Fund Representative _____

Administrative/Fund Office

Address

Phone Number