

**RECIPROCITY REQUEST FORM**

**Funds you want hours transferred TO** :

|  |
| --- |
| Home Fund Name: Carpenters Fringe Benefit Fund Attn: Joan Vondracek |
| Home Fund Address: P.O. Box 2304 Cedar Rapids, Iowa 52406 |
| Home Fund Phone with area code: 319-362-6062 |

## I, the undersigned, am a member of Local Union # \_\_308\_\_\_\_\_ of the United Brotherhood of Carpenters & Joiners of America, in the state of \_\_Iowa\_\_\_\_

I hereby request all contributions paid to your Fund(s) on my behalf for all hours worked, to be transferred to my Home Fund.

This authorization shall apply to:

 Health & Welfare Contributions Effective Date: **\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

**Member Information**

Social Security # **\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_**

Birthdate: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** Request Date: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

|  |
| --- |
| Print Name: |
| Address: |
| City, State, Zip: |
| Phone with area code: |
| Signature: |

**Transferring Fund** (where the hours were worked)

**Sent Completed Form to Transferring Fund**

To the extent that any employer contributions are transferred and remitted to my HOME FUND in accordance with the above, I hereby release the respective contributing employers and the Trustees of the TRANSFERRING 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, including legal fees and costs, on behalf of myself, my dependents, and/or my survivors.

 ***Pension***

**RECIPROCITY REQUEST FORM**

**Funds you want hours transferred TO** :

|  |
| --- |
| Home Fund Name: Carpenters Pension Fund of Illinois |
| Home Fund Address: 28 N First Street-Suite 201-Geneva, IL 60134-0791 |
| Home Fund Phone with area code: 630-232-7166 |

## I, the undersigned, am a member of Local Union # \_\_308\_\_\_\_\_ of the United Brotherhood of Carpenters & Joiners of America, in the state of \_\_Iowa\_\_\_\_

I hereby request all contributions paid to your Fund(s) on my behalf for all hours worked, to be transferred to my Home Fund.

This authorization shall apply to:

 Pension Contributions Effective Date: **\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

**Member Information**

Social Security # **\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_**

Birthdate: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** Request Date: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

|  |
| --- |
| Print Name: |
| Address: |
| City, State, Zip: |
| Phone with area code: |
| Signature: |

**Transferring Fund** (where the hours were worked)

**Sent Completed Form to Transferring Fund**

To the extent that any employer contributions are transferred and remitted to my HOME FUND in accordance with the above, I hereby release the respective contributing employers and the Trustees of the TRANSFERRING 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, including legal fees and costs, on behalf of myself, my dependents, and/or my survivors.

 ***Annuity***

**RECIPROCITY REQUEST FORM**

**Funds you want hours transferred TO** :

|  |
| --- |
| Home Fund Name: Carpenter & Joiners Defined Contribution Plan |
| Home Fund Address: 3001 Metro Drive, Suite 500 – Bloomington, MN 55425 |
| Home Fund Phone with area code: 952-851-5788 |

## I, the undersigned, am a member of Local Union # \_\_308\_\_\_\_\_ of the United Brotherhood of Carpenters & Joiners of America, in the state of \_\_Iowa\_\_\_\_

I hereby request all contributions paid to your Fund(s) on my behalf for all hours worked, to be transferred to my Home Fund.

This authorization shall apply to:

 Defined Contribution Contributions Effective Date: **\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

**Member Information**

Social Security # **\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_**

Birthdate: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** Request Date: **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

|  |
| --- |
| Print Name: |
| Address: |
| City, State, Zip: |
| Phone with area code: |
| Signature: |

**Transferring Fund** (where the hours were worked)

**Sent Completed Form to Transferring Fund**

To the extent that any employer contributions are transferred and remitted to my HOME FUND in accordance with the above, I hereby release the respective contributing employers and the Trustees of the TRANSFERRING 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, including legal fees and costs, on behalf of myself, my dependents, and/or my survivors.