

RECIPROCITY REQUEST FORM

www.5RCbenefits.com

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.

RECIPROCITY REQUEST FORM

<https://ilcarpsfund.org>

Funds you want hours transferred TO :

Home Fund Name: Carpenters Pension Fund of Illinois c/o Wilson McShane Corp.
Home Fund Address: P.O. Box 94416 Chicago, IL 60690-4416
Home Fund Phone with area code: 800-448-5825

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

<https://www.carpentersandjoinersbenefits.com>

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.