

Carpenters Trusts of Western Washington

PO Box 1929 Seattle, WA 98111-1929
(800) 552-0635

Authorization To Transfer Fringe Benefit Contributions

I am a participant in the Trust identified below. This is known as my "Home Trust."

Home Trust _____

Street Address _____

City _____ State _____ Zip _____

I will be, or have been, working in the area covered by the Trust listed below (known as the "Cooperating Trust") effective on the following date: _____ (Month) _____ (Year)

Cooperating Trust _____

Street Address _____

City _____ State _____ Zip _____

I hereby elect, to the extent that the Trustees of the "Cooperating Trust" and the Trustees of the "Home Trust" have agreed, through the execution of Exhibit B of the International Reciprocity Agreement, to have contributions that were paid on my behalf to the "Cooperating Trust" sent to my "Home Trust." This includes all health and welfare funds and all retirement and annuity-type funds, *except* 401(a) supplemental contributions to the Carpenters of Western Washington Individual Account Pension Plan. 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 Trust." I understand that the "Cooperating Trust" will act solely as the agent of the "Home Trust" upon the transfer of the contributions. I may cancel this request at any time by giving written notification.

I also hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the "Cooperating Trust" 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 further recognize that the transfer of contributions to the "Home Trust" may or may not ultimately prove to be advantageous to myself and/or my beneficiaries.

Participant's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Local # _____ Social Security # _____ Telephone _____

Signature _____ Date _____

Please send: White Copy – Home Trust
 Green Copy – Cooperating Trust
 Yellow Copy – For Your Records