

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" which is the organization that administers my fringe benefits. Please note: Your "Home Trust" and "Cooperating Trust" (please see below) are different than your Local Union.

Name of Home Trust (you must complete this section) _____

Street Address _____ City _____

State _____ Zip _____ Telephone _____

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)

Name of Cooperating Trust (you must complete this section) _____

Street Address _____ City _____

State _____ Zip _____ Telephone _____

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(k) elective contributions to the Carpenters of Western Washington Individual Account Pension Plan which cannot be transferred. 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 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 _____

Local Union # _____ Social Security # _____

Date of Birth _____ Telephone _____

Participant's Signature _____ Date _____

Make 3 copies of your signed form:

1. Send 1 copy to Carpenters Trusts of Western Washington
2. Send 1 copy to the Cooperating Trust
3. Keep 1 copy for your records