

RECIPROCITY REQUEST FORM

TRANSFERRING FROM (Fund where the hours were worked)

Fund Phone with area code:	

TRANSFERRING TO (Fund you want hours transferred to)

Home Fund: Five Rivers Carpenters Health & Welfare Fund	
PO Box 2304	
Cedar Rapids, IA 52406	
Home Fund Phone with Area Code:	319-366-3623

I, the undersigned, am a member of Local Union # _____ of the United Brotherhood of Carpenters & Joiners of America, in the state of _____.

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

MEMBER INFORMATION

Social Security #

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Birthdate / /

Request Date / /

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

SEND 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

TRANSFERRING FROM *(Fund where the hours were worked)*

Fund Phone with area code:

TRANSFERRING TO *(Fund you want hours transferred to)*

Home Fund:	Carpenters Pension Fund of Illinois
	PO Box 94416
	Chicago, IL 60690-4416
Home Fund Phone with Area Code:	800-448-5825

I, the undersigned, am a member of Local Union # _____ of the United Brotherhood of Carpenters & Joiners of America, in the state of _____.

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

MEMBER INFORMATION

Social Security # - -

Birthdate ____ / ____ / ____ Request Date ____ / ____ / ____

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

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RECIPROCITY REQUEST FORM

TRANSFERRING FROM *(Fund where the hours were worked)*

Fund Phone with area code:	

TRANSFERRING TO *(Fund you want hours transferred to)*

Home Fund:	Twin City Carpenters & Joiners Defined Contribution Fund
	Wilson-McShane
	3001 Metro Dr., Suite #500
	Bloomington, MN 55425
Home Fund Phone with Area Code:	800-535-6373

I, the undersigned, am a member of Local Union # _____ of the United Brotherhood of Carpenters & Joiners of America, in the state of _____.

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MEMBER INFORMATION

Social Security #

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Birthdate / /

Request Date / /

Print Name:	
Address:	
City, State, Zip:	
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Signature:	

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