

# Carpenters and Joiners Defined Contribution Plan

3001 Metro Drive, Suite 500 · Bloomington, MN 55425  
Phone (952) 851-5788 or 1-844-468-5916 Fax (952) 851-3490

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## Request for Transfer of Pension Fund Contributions

To: Board of Trustees of the

\*\* \_\_\_\_\_  
\_\_\_\_\_

Pursuant to the provisions of the Reciprocity Agreement entered into between your Pension Fund(s) and my home Fund(s), I hereby request that you transfer to my HOME Fund(s) the pension fund contributions made in my behalf to your Fund(s) during the calendar year \_\_\_\_\_.

Please Indicate Type of Pension Funds To Be Transferred:

Defined Contribution (annuity)

During the year, I worked for the following employers who made, or should have made pension fund contributions in my behalf to your Fund(s):

Employer's Name	Month(s) Employed	Hours Worked
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that if this request is approved and the transfer made, I shall no longer have any claim on your Fund(s) for said contributions and/or to my dependents, survivors or beneficiaries under the Pension Plan of your Fund based upon said contributions and that my eligibility for any benefits based on said contributions shall be determined solely under, and in accordance with the provisions of the Pension Plan(s) established by my Home Fund.

\*\* Refer to list of Funds which have entered into the Reciprocity Agreement and insert the name of the Fund(s) to which contributions were made in your behalf and which you are requesting be transferred to your Home Fund which is:

Carpenters and Joiners Defined Contribution Pension Plan

- OVER -

In consideration of your transferring to my Home Fund(s), in accordance with this request for Transfer, the said pension fund contributions made in my behalf to your Fund(s), I (on behalf of myself as well as on behalf of anyone claiming through me) hereby release and forever discharge you (the Trustees of the Fund above first-named), your successor and assigns, of and from all claims, demands, actions, causes of action or suits with respect to any such pension fund contributions so transferred and for, and as to, any benefits or credits which would have accrued or become payable to me had such pension fund contributions not been transferred as herein above requested. In so releasing and discharging you, I recognize that the transfer of said pension fund contributions to my Home Fund(s) may or may not ultimately prove to be to the advantage of myself and/or of my beneficiaries.

Name of Applicant (please print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address of Applicant \_\_\_\_\_

\_\_\_\_\_

Name and Address of Home Fund(s): **Carpenters and Joiners Defined Contribution Plan:**

3001 Metro Drive  
Suite 500  
Bloomington, MN 55425

Name of Union Including Local Union Number : \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# RECIPROCITY REQUEST FORM

**Fund you want hours transferred TO:**

Home Fund Name: <b>Carpenters Fringe Benefits Fund, Attn: Joan Vondracek</b>
Home Fund Address: <b>PO BOX 2304 Cedar Rapids, IA 52406</b>
Home Fund Phone with area code: <b>319-362-6062</b>

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(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: \_\_\_\_/\_\_\_\_/\_\_\_\_

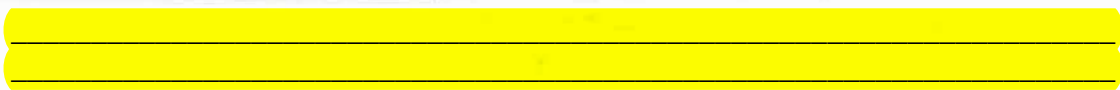
**MEMBER INFORMATION**

Social Security #    -   -

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_      Request Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**TRANSFERRING FUND** *(where the hours were worked)*



**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

### Fund you want hours transferred TO:

Home Fund Name: <b>Carpenters Pension Fund of Illinois</b>
Home Fund Address: <b>28 N First St</b>
Home Fund City, State, Zip: <b>Geneva, IL 60134-0791</b>
Home Fund Phone with area code: ( <b>630-232-7166</b> )

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(s) on my behalf for all hours worked, to be transferred to my Home Fund.

This authorization shall apply to:

Defined benefit      Effective Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

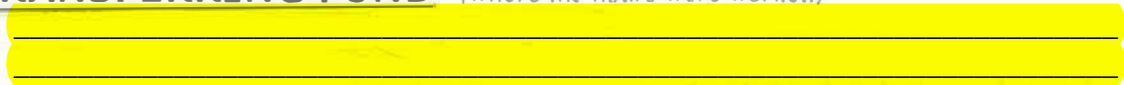
### MEMBER INFORMATION

Social Security #    -   -

Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      Request Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

### TRANSFERRING FUND *(where the hours were worked)*



### 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.