

NAME OF FUNDS REQUESTING MONIES TO BE TRANSFERRED FOR THEIR MEMBERS:

BUILDING TRADES HEALTH & WELFARE FUND

GENTLEMEN:

I normally work under the collective bargaining agreement of Local _____ of the United Brotherhood of Carpenters and Joiners of America which is considered my "Home Local." I have in the past and may continue to earn benefits through my employment in regard to the above referenced Funds which are considered my "Home Funds" from which I expect to receive benefits under the rules and regulations of my "Home Funds."

I may work in other geographic areas that are not a part of my "Home Local" but are part of an "Outside Local." I understand that contributions were or may be made, as a result of that work, to "Outside Funds" which are Funds of Unions affiliated with the United Brotherhood of Carpenters and Joiners of America. I request that you notify the following "Outside Funds" with whom you may have reciprocity agreements, that contributions received because of my work through the "Outside Local" should be transferred to my "Home Funds" at the prevailing rate in that geographic area covered by the "Outside Local" and/or "Outside Fund" or the amount required to be contributed on behalf of Employees in the geographic area covered by my "Home Funds" and "Home Local", whichever is less.

The "Outside Funds" required to be notified are: _____.

RETURN COMPLETED FORMS TO:

**Building Trades Health & Welfare Fund
1718 Heilmandale Road
Suite 400
Lebanon, PA 17046**

In consideration of the transfer of monies, I herewith waive all rights, credits and benefits that I might have accrued as a result of the work I performed in through an "Outside Local" and for which contributions were made to "Outside Funds." This authorization shall continue until cancelled by me in writing.

Signature written: _____

Signature printed: _____

Address: _____

Social Security Number: _____

Date: _____

Employer: _____

Job Location: _____