

**REQUEST FOR INTERNATIONAL RECIPROCITY TRANSFER**

Washington-Idaho-Montana Carpenters-Employers Retirement Trust  
111 W Cataldo Suite 220  
Spokane WA 99201  
509.328.0300

**TRANSFER REQUEST AND CONSENT FORM  
TYPE OR PRINT**

EMPLOYEE NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

EMPLOYEE ADDRESS: \_\_\_\_\_  
Street City St. Zip

EMPLOYEE TELEPHONE # \_\_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

TRANSFER HOURS/CONTRIBUTIONS EFFECTIVE: \_\_\_\_\_  
MONTH YEAR

TRANSFER HOURS AND CONTRIBUTIONS FOR PENSION ONLY

NAME OF COOPERATING FUND: \_\_\_\_\_

\_\_\_\_\_  
Address City St Zip

NAME OF HOME FUND: \_\_\_\_\_

\_\_\_\_\_  
Address City St Zip Phone #

I request contributions remitted to a Cooperating Fund by my employer be remitted to my Home Fund in accordance with the terms and conditions of the International Reciprocal Agreement for Carpenters, except as specifically modified herein.

I understand this request for Transfer of Contributions must be filed within 60 days following the commencement of my employment within the jurisdiction of the Cooperating Fund; and that contributions remitted more than 60 days prior to the commencement of my participation with the above mentioned Cooperating Fund are not transferable

I understand that I will no longer have a claim against the Cooperating Fund for any benefits which otherwise might accrue for myself, my dependents or my survivors, based upon such contributions. I also understand that my eligibility for any benefits based on such contributions will be determined solely in accordance with the Plan of Benefits of my Home Fund.

I understand that it is possible for benefits to be reduced or lost as a result of such a transfer, although I believe the transfer will be to my advantage. In order to induce the Funds to transfer contributions as I have requested, I waive, on behalf of myself and my dependents, heirs, beneficiaries and assigns, any claim for benefits which I or they may lose and to which I or they would have been entitled but for the transfer of contributions, and I agree to hold both Funds and the Trustees of both Funds serving from time to time harmless from and to indemnify them against any and all payments, including legal fees and costs, which they incur in connection with such claim.

I understand that, notwithstanding the provisions of the International Reciprocal Agreement, because this Trust has been certified as critical under the Pension Protection Act of 2006 and has adopted a Rehabilitation Plan that includes supplemental funding only contributions (contributions that do not accrue benefits), such supplemental funding only contributions shall not be transferred to the Home Fund, but will remain with this Trust (the Cooperating Fund). Except for the supplemental contributions identified under the Rehabilitation Plan, the remaining amount of contributions received shall be transferred to the Home Fund.

I understand that I may cancel this request at any time by giving you written notice of such cancellation.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_