



OREGON - WASHINGTON CARPENTERS - EMPLOYERS TRUST FUNDS

C/O THE WILLIAM C. EARHART COMPANY, INC.  
P.O. BOX 4148, PORTLAND, OR 97208 / 3140 N.E. BROADWAY, PORTLAND, OR 97232  
LOCAL: (503) 282-5581 / TOLL FREE: (800) 547-1314  
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United Brotherhood of Carpenters and Joiners of America  
Master Reciprocal Agreement for Health Plan

*Authorization to Transfer Fringe Benefit Contributions and Release*

Funds to be transferred  
Health and Welfare

I am a participant in the Trust Fund identified below (referred to as the "Home Fund"):

Home Fund \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

However, for the period beginning \_\_\_\_\_, I will be working or have worked in the area covered by the following Trust Fund (referred to as the "Outside Fund"):

Outside Fund \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby elect to have contributions that were paid on my behalf to the Outside Fund sent to my Home Fund, as was authorized by The Trustees of the above Outside Fund and the Trustees of my Home Fund through the execution of the Master Reciprocal Agreement. I understand that the Outside Fund will act solely as the agent of the Home Fund with respect to the transfer of contributions. (No contributions will be transferred for a period prior to one calendar year from the date the Outside Fund received a participant's authorization to transfer or which have resulted in benefit eligibility under the Outside Fund.)

On behalf of myself as well as anyone claiming through me, I hereby release and further discharge the Outside Fund and its Trustees from all claims, demands, actions, causes of action, and suits with respect to any contributions so transferred and for any benefits or credits which would have accrued to 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 Fund may not be advantageous to myself and/or my beneficiaries.

Participant Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Local# \_\_\_\_\_ Social Security No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send copy to: (1) Outside Fund (2) Home Fund (3) Participant Copy