

Carpenters Trusts of Western Washington

PO Box 1929 Seattle, WA 98111-1929
(800) 552-0635

Authorization To Transfer Fringe Benefit Contributions

I am a participant in the Trust identified below. This is my "home" trust. I am or will be working in the Carpenters Trusts of Western Washington jurisdiction. This is the "cooperating" trust. Please transfer the funds identified below to my home trust effective on the date provided below. I understand this request for transfer of contributions must be filed within 60 days following commencement of my temporary employment within the Carpenters Trusts of Western Washington jurisdiction.

1. What is the name, address and telephone number of my home trust?

Trust name: _____

Mailing address _____

City _____ State _____ Zip _____

Telephone _____

2. Which funds should be transferred (check all that apply)?

Health and Security

Pension

3. What is the effective date of the transfer? _____ (Month) _____ (Year)

I hereby elect, to the extent that the Trustees of Carpenters Trusts of Western Washington and the Trustees of my home trust have agreed, through the execution of Exhibit B of the International Reciprocity Agreement, to have contributions that were paid on my behalf to Carpenters Trusts of Western Washington sent to my home trust. This includes all health and welfare funds and/or all retirement and annuity-type funds, **except** 401(k) elective contributions. I understand that the Carpenters Trusts of Western Washington will act solely as the agent of my home trust upon the transfer of the contributions. I may cancel this request at any time by written notification. I also hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge Carpenters Trusts of Western Washington and its Trustees of and from all claims, demands, actions, causes of actions, and suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me or my beneficiaries had I not authorized this transfer of contributions. I further recognize that the transfer of contributions to my home trust may or may not ultimately prove to be advantageous to myself and/or my beneficiaries.

Participant's name _____

Mailing address _____

City _____ State _____ Zip _____

Local union _____ Social Security number _____

Date of birth _____ Cell number _____

Participant's signature _____ Date _____