United Brotherhood of Carpenters and Joiners of America RECIPROCITY FORM AUTHORIZATION FOR THE TRANSFER OF CONTRIBUTIONS

Please complete this form in its entirety (Parts A - D)

(rev 11-01-2023)

A. Participant Information

Participant Name (First, MI, Last):				Participant SSN:		
Street Address:		City:		State:	Zip:	
Date of Birth:	Phone:		Email A	ddress:	Local Number:	
	in an area covere				I request that the contributions made participant in the Home Fund(s) listed	
Please list only	the names of the	HOME Fun	d(s) to which y	ou want your	contributions transferred to:	
Health & Welfare Home F	und:					
Pension Home Fund:						
Annuity Home Fund:						
C. Cooperating Outside/ For the period beginning covered by the following F		<u> </u>	perating Outsid	le/Away Fund	·	
Health & Welfare Outside		Tidinios or a	io ocoporating	0010122711	5711 T 4114(6).	
Pension Outside/Away F	und:					
Annuity Outside/Away Fu	nd:					
Outside/Away Local Unio	n:					
investment losses on my contractual rate collection	individual accou cted by the Οι	ınt, the am ıtside/Awa	ount of con y Fund. Fur	tributions tı rthermore, si	aims, incurred fees and or experienced ransferred may be less than the nce contribution rates vary from Fund to d area may result in an adjustment to the	
Fund(s) have agreed, throu to the cooperating Outside/. the Master Reciprocal Agre commencement of my temp	that the Trustee gh the execution Away Fund(s) ser ements. I underst orary employment	of the Interna It to my Hom and this requ within the jur	ational Reciproduce Fund(s) upor lest for transfer risdiction of the	cal Agreement, the receipt of of contribution cooperating Ou	Fund(s) and the Trustees of my Home to have contributions paid on my behal my Reciprocity form in accordance with s must be filed within one year following utside/Away Fund(s). This authorization und(s) and to the cooperating Outside	
Outside/Away Fund(s) and i contributions so transferred	ts Trustees of and and for any benefi	l from all clai ts or credits v	ms, demands, a which would hav	actions, causes /e accrued or b	ne) and further discharge the cooperating s of actions, and suits with respect to any ecome payable to me or my beneficiaries tions may negatively affect my eligibility.	
Participant Signature: _					Date Signed	
This Request for Transfe Outside/Away Fund. Approved by: HOME FUND:	er/Authorization b	y Participan	t is hereby ack	knowledged ar	nd submitted by the Home Fund to the	
OUTSIDE/AWAY FUND						