

**EIGHTH DISTRICT ELECTRICAL WORKERS
INTERNATIONAL RECIPROCAL AGREEMENT
AUTHORIZATION OF CONTRIBUTIONS TRANSFER**

NAME _____ HOME LOCAL: _____
(PLEASE PRINT)

HOME ADDRESS: _____
STREET _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ SS# _____ - _____ - _____ D.O.B. _____

I hereby elect or do not elect as indicated below, to have contributions which are paid on my behalf to the following Funds, transferred to my Home Fund. I understand that this Authorization is only valid with respect to those Cooperating Funds that have executed agreements with my Home Fund to permit the transfer of contributions.

Elect **Do Not Elect** to have my **WELFARE** Contribution Remitted to my Home Fund

Elect **Do Not Elect** to have my **PENSION** Contribution Remitted to my Home Fund

Elect **Do Not Elect** to have my **ANNUITY** Contribution Remitted to my Home Fund

I understand that the Cooperating Fund(s) will act solely as the agent of the my Home Fund(s) and as such, I shall be subject to the eligibility rules of said Home Fund(s) upon the transfer of contributions. I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Cooperating Fund(s) and their Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me had I not authorized this transfer of contributions. I further recognize that the transfer of contributions to the noted Home Funds may or may not ultimately prove to be to the advantage of myself and/or my beneficiaries.

Signature _____ Today's Date _____

RETURN COMPLETED FORM TO:

EIGHTH DISTRICT ELECTRICAL WORKERS

Physical Address: 4704 Harlan Street, Suite 205 • Denver, CO 80212

Physical Address: 5295 South Commerce Drive, Suite 220 • Murray, UT 84017

Mailing Address: P.O. Box 30751 • Salt Lake City, UT 84130-0751

Toll Free: 844-989-2321

www.8thDistrictBenefits.org