**Carpenters' Health and Welfare Fund**

**(HOME FUNDS)**
**AUTHORIZATION AND REQUEST TO TRANSFER EMPLOYER CONTRIBUTIONS UNDER RECIPROCITY AGREEMENTS**

I, _____ (print), am a member of or represented by Local Union_____ which participates in the _____ Health and Welfare Fund which is, and is hereinafter referred to as my "Home Fund."

I understand that there is, or will be, reciprocity agreements between my Home Fund(s) and the _____Health and Welfare hereinafter referred to as "Out-of-Town Fund(s) covering contributions made to either or both of the latter-named Funds for work performed by me while working within the geographic area covered by them.

I hereby authorize and request the Trustees of the Out-of-Town Fund(s) to transfer employer contributions made to said Fund(s) on my behalf to my respective Home Fund(s) pursuant to the terms of said reciprocity agreement(s).

In consideration of the Trustees of the Out-of-Town Fund(s) making the transfer per this authorization and request, I hereby agree, on behalf of myself, my dependents and heirs, to hold the Fund and their respective Trustees, together with them and their successors harmless from any claims or damages which might result from such transfer. I fully realize that the transfer of employer contributions from either Fund to my respective Home Health and Welfare Fund might not actually work to my best interest.

This authorization and request shall remain in full force and effect unless I notify the Trustees of the Out-of-Town Fund(s) in writing of my desire to revoke it, in which case this authorization and request shall terminate on the last day of the month following the month in which such notice is received by the Trustees of the Out-of-Town Fund(s).

Signature_____Date_____

Address_____

City, State, Zip_____

Social Security No._____ Home Local Union No._____

Please return form to:
CARPENTERS RECIPROCITY
P.O. BOX 4540
TROY, MI 48099-4540