

**Carpenters' Annuity 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 \_\_\_\_\_ Annuity 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 \_\_\_\_\_ Annuity Fund 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 Annuity 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:  
Detroit Carpenters  
Attn: Reciprocity  
P.O. Box 4540  
Troy, MI 48099-4540