

**EIGHTH DISTRICT ELECTRICAL PENSION FUND
AND ANNUITY PLAN**

AUTHORIZATION AND RELEASE FORM

I acknowledge that I have been advised of the Trustees' rules regarding Reciprocity, and I hereby authorize the Board of Trustees of the Eighth District Electrical Pension Fund (Pension Fund) and the Eighth District Electrical Pension Fund Annuity Plan (Annuity Plan) to allocate my reciprocal contributions in accordance with the rules explained to me in a Notice dated September 28, 2015. I understand that this Authorization and Release Form applies only to reciprocal contributions earned in a jurisdiction outside of the Eighth District that offers only a defined contribution plan. When I work outside the jurisdiction of the Eighth District Funds in an area that offers both a defined contribution and defined benefit pension plan, this authorization form will have no applicability.

By signing this Authorization and Release Form, I authorize the Eighth District Funds to apply reciprocal contributions that I have forwarded to it from a jurisdiction only offering a defined contribution plan to the Eighth District Pension Fund. These contributions will be applied up to the hourly rate of my home Local. In the event that the contribution rate exceeds that of my home local, the remainder will be credited on my behalf to the Annuity Plan.

I understand I will not be eligible for a separation from service distribution from the Annuity Plan due to the direction of reciprocated contributions to the Pension Plan but for my executing this Authorization and Release Form would have been directed to the Annuity Plan.

I understand that this Authorization and Release Form will remain in effect until I notify the Fund Office in writing to the contrary. This Authorization and Release Form may not be revoked until one (1) year from its effective date.

_____ Yes, I accept the terms and conditions of the Trustees rules regarding Reciprocity.

_____ No, I do not accept the terms and conditions of the Trustees rules regarding Reciprocity.

Print Name _____ Social Security No. _____

Effective Date (cannot be earlier than August 1, 2015 work hours)* _____

** Since contributions that have already been deposited in the Annuity Fund cannot be taken out of the Annuity Fund and deposited into the Pension Plan, the effective date can only be for contributions for work hours not yet received by the Fund Office.*

Home Local: _____ Currently Working In Jurisdiction of Local : _____

Signature _____ Date _____

Current Home Local Pension Rate Information: Rate: _____ Date: _____

** To be filled in by Home Local's Business Manager*

CAUTION!

To receive credit in the IBEW Eighth District Defined Benefit Pension Plan, the **Plan must receive a minimum of 500 hours of contributions in a Plan Year. A Plan Year runs from April 1 through March 31.** Contributions reported through reciprocity and through this Authorization count toward this 500-hour requirement. However, if the Plan does not receive at least 500 hours from all sources in a Plan Year, you will not receive credit for monies deposited into the Defined Benefit Pension Plan pursuant to the attached Authorization Form. Accordingly, **before** executing the attached Authorization Form, exercise caution: Check hours contributed to date, and consider whether you will meet the minimum hour requirement in the Plan Year for which you are providing this Authorization. Once hours are deposited on your behalf to either the Pension or Annuity Fund, they cannot be retrieved.