



CEMENT MASONS AND PLASTERERS LOCAL 797 BENEFIT FUNDS

8311 W. Sunset Road, Suite 250 • Las Vegas, NV 89113
P.O. Box 400008 • Las Vegas, NV 89140
Phone (702) 415-2190 • Fax (702) 257-5361

RECIPROCAL AGREEMENT

NAME: _____ SSN/BENE ID: _____
(PLEASE PRINT)

HOME ADDRESS: _____
STREET CITY ZIP

HOME/CELL PHONE: _____ DOB: _____

HOME LU#: _____ HOME LU ADDRESS _____

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 Local Union 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 contributions remitted to my Home Fund

Elect **Do Not Elect** to have my Pension contributions remitted to my Home Fund

I understand that the cooperating Fund(s) will act as sole agent of the noted 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 Fund(s) may or may not ultimately prove to be to the advantage of myself and/or my beneficiary(ies).

SIGNATURE: _____ DATE: _____