

## **Electronic Reciprocal Transfer System (E.R.T.S.) Participant Registration**

**Complete all fields**

**A copy of your Driver's License & Current Dues Receipt must be attached**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Phone Number:** \_(\_)\_ \_\_\_\_\_

**Fax:** \_(\_)\_ \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Providence:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**SSN (USA):** \_\_\_\_\_

**SIN (Canadian):** \_\_\_\_\_

**IBEW Member Home Local Union #:** \_\_\_\_\_

**IBEW Card Number:** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**Email Address (optional):** \_\_\_\_\_

The following list of Home Fund designations apply only to an I.B.E.W. Local #86 card member:

**Home Defined Benefit (DB) Pension Fund: 86 - I - Pension Plan of Local No. 86**

**Home Defined Benefit (DC) Pension Fund: 86 - I - Annuity Plan of Local No. 86**

**Home Health & Welfare Fund: 86 - I - Electrical Workers Local #86 Insurance Fund**

If you are not an I.B.E.W. Local #86 member, you must designate your Home Fund designations:

**Home Defined Benefit (DB) Pension Fund:** \_\_\_\_\_

**Home Defined Contribution (DC) Pension Fund:** \_\_\_\_\_

**Home Health & Welfare Fund:** \_\_\_\_\_

As a plan participant in Pension and/or H&W fund(s) signatory to the Electrical Industry Pension Reciprocal and/or the Electrical Industry Health & Welfare Reciprocal Agreements I acknowledge and understand that by filing with and utilizing the IBEW/NECA Electrical Reciprocal Transfer System (ERTS) I am placing on file with ERTS a blanket, or ongoing Authorization and Release(s) which authorizes a reciprocal transfer as provided in the respective Agreement of monies on my behalf by all funds signatory to the Agreements and that I agree to all the terms contained in the Authorization and Release(s). I acknowledge that this blanket Authorization and Release(s) will remain in effect until cancelled by me pursuant to terms of the Agreement(s). Moreover, I agree to the legally binding effect of my use of an electronic signature on ERTS.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Return To: IBEW #86 FUND OFFICE, 2300 East River Road, Rochester, New York 14623**