

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