



# *Inlandboatmen's Union of the Pacific Pension Trust*

## **AUTHORIZATION TO TRANSFER PENSION CONTRIBUTIONS AND RELEASE**

I am a participant in the Inlandboatmen's Union of the Pacific National Pension Trust (referred to as the "Home Fund").

Starting approximately \_\_\_\_\_, 201\_\_, I will be working in an area and for an employer that makes pension contributions to the Southwest Marine Pension Trust Fund (referred to as the "Visited Fund") per the terms of a Collective Bargaining Agreement.

I request and authorize that the pension contributions that will be paid on my behalf to the Visited Fund be sent to my Home Fund. I understand this authorization must be submitted to my Home Fund and the Visited Fund within sixty (60) days after my employment in the Visited Fund's geographic area begins, unless the Trustees of the Visited Fund approve a later submission date. **This authorization will remain in effect until revoked in writing.**

I understand that if the Visited Fund grants my request to transfer pension contributions to my Home Fund, I cannot later request that any pension contributions which have been transferred to my Home Fund be transferred back to the Visited Fund.

I understand that if the Visited Fund grants my request to transfer pension contributions to my Home Fund, such decision by the Visited Fund is final and binding.

I waive on my behalf and my heirs, successors, and assigns any right to receive any accrued benefit from the Visited Fund based on pension contributions and hours of service transferred to my Home Fund pursuant to this Authorization.

The original form should be sent to my Home Fund with a copy to the Visited Fund at the following addresses:

### **HOME FUND**

Inlandboatmen's Union of the Pacific National Pension Trust  
Attention: Jason Rickman  
1220 SW Morrison Street, Suite 300  
Portland, OR 97205  
503-224-0048

### **VISITED FUND**

Southwest Marine Pension Trust Fund  
Attention: Dora Vele  
13191 Crossroads Parkway N., Suite 205  
City of Industry, CA 91746  
562-463-5000

Participant's Name:

\_\_\_\_\_

Signature

Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Date

Social Security No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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**Administered by A&I Benefit Plan Administrators, Inc.**  
1220 SW Morrison St. Suite 300, Portland OR 97205-2222  
(503) 224-0048 (800) 547-4457 Fax (503) 228-0149  
[www.ibu.aibpa.com](http://www.ibu.aibpa.com)