



**St. Louis – Kansas City Carpenters Regional Council
CARPENTERS' BENEFIT PLANS RECIPROCITY FORM
AUTHORIZATION FOR THE TRANSFER OF CONTRIBUTIONS**

Please complete this form in its entirety (Parts A – D) and return to the St. Louis Carpenters' Benefit Plans Office.

CHECK ONE:

- I am transferring contributions INTO the St. Louis-Kansas City Regional Council, my Home Fund.
- I am transferring contributions FROM the St. Louis-Kansas City Regional Council (the Outside/Away Fund(s)) TO my Home Fund(s) listed below.

A. Member Information

Member Full Name (First, MI, Last)		Member SSN	
Street Address	City	State	Zip
Date of Birth	Phone	Email Address	Local Number

B. Employer Information

Employer Name	Job Location (City/State)	Away Fund Local Number	Work Dates (From – To)
Email Address	Phone Number		

C. My Cooperating Home Fund

	<u>Home Health & Welfare Fund</u>	<u>Home Pension Fund</u>	<u>Home Annuity Fund</u> (Commencing 5/1/2019)
Fund Name			
Phone Number			
Street Address			
City, State, Zip			

D. Authorization/Signature

Authorization and Release: By signing below, I understand that the Outside/Away Fund(s) (Your Fund) will act solely as the agent of my Home Fund(s) and as such, I shall be subject to the eligibility rules and benefit provisions of my Home Fund(s) upon transfer of my contributions. I hereby release (on behalf of myself as well as anyone claiming through me) and further discharge Your Fund(s) and its Trustees of and from all claims with respect to any contributions so transferred and for any benefit or credits which would have accrued or become payable to me from Your Fund.

Member Signature (REQUIRED): _____ **Date Signed** _____

FOR OFFICE USE ONLY

	<u>Home Health & Welfare Fund</u>	<u>Home Pension Fund</u>	<u>Home Annuity Fund</u>
Fund Name			