

**Iron Workers International Reciprocal Agreement
Authorization of Contributions Transfer**

Name: _____ Home Local # _____
Home Address: _____
Telephone #: (____) _____
Date of Birth: _____ Social Security #: _____

I hereby elect or do not elect as indicated below to the extent that the Trustees of any Cooperating Fund(s) receiving this authorization and the Trustees of my Home Pension, Health and Annuity Fund(s) (as noted above) have executed agreements between them permitting the transfer of contributions, to have the Pension, Health and or Annuity contributions paid on my behalf to any cooperating Fund(s) receiving this authorization of direction to remit to my Home Pension, Health and Annuity Funds as now stated by me.

Health Fund

Elect Do Not Elect to have my Health Contributions remitted to my Home Fund
Name of Home Fund: _____
Address: _____
City: _____ State: _____ Zip: _____

Pension Fund

Elect Do Not Elect to have my Pension Contributions remitted to my Home Fund
Name of Home Fund: _____
Address: _____
City: _____ State: _____ Zip: _____

Annuity Fund

Elect Do Not Elect to have my Annuity Contributions remitted to my Home Fund
Name of Home Fund: _____
Address: _____
City: _____ State: _____ Zip: _____

Supplemental Fund

Elect Do Not Elect to have my Supplemental Contributions remitted to my Home Fund
Name of Home Fund: _____
Address: _____
City: _____ State: _____ Zip: _____

I understand that the Cooperating Fund(s) will act solely as the agent of the noted Home Fund(s) and as such, I shall be subject to the eligibility rules of said Home Fund(s) upon 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, demand, 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 beneficiaries.

Signature: _____ Date: _____