

COOPERATING PENSION AND WELFARE FUND
IRON WORKERS INTERNATIONAL RECIPROCAL AGREEMENT
AUTHORIZATION OF CONTRIBUTIONS TRANSFER
Southern Ironworkers Pension Fund
Southeastern Ironworkers Health and Welfare Fund
Mid-Atlantic States District Council Annuity Fund

NAME: _____ **SOCIAL SECURITY #:** _____

HOME ADDRESS: _____

TELEPHONE #: _____ **LOCAL UNION #:** _____

I hereby elect ____ / do not elect _____, to the extent that the Trustees of the above noted Cooperating Fund(s) and the Trustees of my home pension, and/or welfare, and/or annuity funds (as noted below) have executed agreements between them permitting the transfer of contributions, to have the Pension, Annuity, and Welfare contributions paid on my behalf to the above-noted Funds remitted to my home Pension, Annuity and/or Welfare Fund(s) as now stated by me.

Home Pension Fund: _____

Address: _____

Home Annuity Fund: _____

Address: _____

Home Welfare Fund: _____

Address: _____

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 the transfer of contributions. I hereby release (on behalf of myself as well as on the behalf of anyone claiming through me) and further discharge the Cooperating Fund(s) and their Trustees of and from all claims, demands, 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 Funds may or may not ultimately prove to be to the advantage of myself and/or my beneficiaries.

Date: _____ **Signature:** _____

(full name)