

Annuity Pension Reciprocity Form
Millwright Work Within Ohio

Local #1241 Annuity to Local #1871 Ohio Carpenters Annuity Plan

AUTHORIZATION TO TRANSFER CONTRIBUTIONS

NAME _____	SOCIAL SECURITY # _____
HOME ADDRESS _____	LOCAL UNION NO. <u>1871</u>
_____	TELEPHONE _____

I hereby elect, to the extent that the Trustees of the Transferring Fund and the Trustees of my Home Annuity Pension Fund have executed agreements between them permitting the transfer of contributions, to have contributions paid on my behalf to the Transferring Fund remitted to my Home Funds.

HOME ANNUITY PENSION FUND

NAME Ohio Carpenters Annuity Fund
ADDRESS 3611 Chester Avenue
Cleveland, Ohio 44114

I understand that the Transferring Fund will act solely as the agent of the noted Home Funds and as such, I shall be subject to the eligibility rules of said Home Funds upon the transfer of contributions. I hereby release the Transferring Fund and its Trustees of and from all claims, demands, action, 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.

TRANSFERRING ANNUITY PENSION FUND

NAME Pension Resources
ADDRESS 3186 E. Livingston Avenue
Columbus, Ohio 43227

DATE SIGNED _____ SIGNATURE _____

INSTRUCTIONS:

1. Fill this form out completely
2. If you don't know the name of your Home Fund (where you want your contributions sent) or the Transferring Fund (where you are working out of town) check the reverse side of this form
3. Sign and date this form
4. Make sure to send this form to the *Transferring Fund*