

REQUEST FOR TRANSFER OF PENSION CONTRIBUTIONS

TO: BOARD OF TRUSTEES

**OHIO CARPENTERS' PENSION FUND
3611 CHESTER AVENUE
CLEVELAND, OHIO 44114**

Pursuant to the provisions of the Reciprocity Agreement between your Fund and my Home Fund, I hereby request that you transfer to my Home Fund the Pension contributions made in my behalf to your Fund during the calendar year _____. During said year, I worked for the following employers who made or should have made contributions in my behalf to your Fund:

EMPLOYERS NAME	MONTH(S) & HOURS WORKED	JOB LOCATION
ALL	ALL	ALL

I understand that if this request is approved and the transfer made, I shall no longer have any claim on your Fund for said contributions and/or for any benefits which otherwise might accrue under your Fund to my benefit of my survivors or beneficiaries based on said contributions and that my eligibility for any benefits based on said contributions shall be determined solely in accordance with the provisions of the Pension Plan established by my Home Fund.

In consideration of your transferring said pension contributions in accordance with this request, I hereby release you and your successors from any future claims, by me and/or anyone claiming through me, based upon said contributions or benefits which might have arisen had this requested transfer not been effected or based on the fact that the transfer may not prove to work to my eventual advantage.

(PLEASE PRINT)

NAME OF APPLICANT:

ADDRESS:

LOCAL UNION #:

SOCIAL SECURITY NO.:

DATE:

SIGNATURE:

PLEASE ENTER THE FULL NAME & ADDRESS OF YOUR HOME ANNUITY FUND

HOME PENSION FUND	
ANNUITY FUND NAME	
ADDRESS	
CITY, STATE ZIP	

REQUEST FOR TRANSFER OF ANNUITY CONTRIBUTIONS

TO: BOARD OF TRUSTEES

**OHIO CARPENTERS' ANNUITY FUND
3611 CHESTER AVENUE
CLEVELAND, OHIO 44114**

Pursuant to the provisions of the Reciprocity Agreement between your Fund and my Home Fund, I hereby request that you transfer to my Home Fund the Annuity contributions made in my behalf to your Fund during the calendar year _____. During said year, I worked for the following employers who made or should have made contributions in my behalf to your Fund:

EMPLOYERS NAME	MONTH(S) & HOURS WORKED	JOB LOCATION
ALL	ALL	ALL

I understand that if this request is approved and the transfer made, I shall no longer have any claim on your Fund for said contributions and/or for any benefits which otherwise might accrue under your Fund to my benefit of my survivors or beneficiaries based on said contributions and that my eligibility for any benefits based on said contributions shall be determined solely in accordance with the provisions of the Annuity Plan established by my Home Fund.

In consideration of your transferring said Annuity contributions in accordance with this request, I hereby release you and your successors from any future claims, by me and/or anyone claiming through me, based upon said contributions or benefits which might have arisen had this requested transfer not been effected or based on the fact that the transfer may not prove to work to my eventual advantage.

(PLEASE PRINT)

NAME OF APPLICANT:

ADDRESS:

LOCAL UNION #:

SOCIAL SECURITY NO.:

DATE:

SIGNATURE:

PLEASE ENTER THE FULL NAME & ADDRESS OF YOUR HOME ANNUITY FUND

HOME ANNUITY FUND	
ANNUITY FUND NAME	
ADDRESS	
CITY, STATE ZIP	

REQUEST FOR TRANSFER OF HEALTH & WELFARE CONTRIBUTIONS

TO: BOARD OF TRUSTEES

**OHIO CARPENTERS' HEALTH & WELFARE PLAN
6281 YOUNGSTOWN WARREN ROAD, SUITE 240
NILES, OHIO 44446**

Pursuant to the provisions of the Reciprocity Agreement between your Fund and my Home Fund, I hereby request that you transfer to my Home Fund the Health & Welfare contributions made in my behalf to your Fund during the calendar year _____. During said year, I worked for the following employers who made or should have made contributions in my behalf to your Fund:

EMPLOYERS NAME	MONTH(S) & HOURS WORKED	JOB LOCATION
ALL	ALL	ALL

I understand that if this request is approved and the transfer made, I shall no longer have any claim on your Fund for said contributions and/or for any benefits which otherwise might accrue under your Fund to my benefit of my survivors or beneficiaries based on said contributions and that my eligibility for any benefits based on said contributions shall be determined solely in accordance with the provisions of the Plan established by my Home Fund.

In consideration of your transferring said Health & Welfare contributions in accordance with this request, I hereby release you and your successors from any future claims, by me and/or anyone claiming through me, based upon said contributions or benefits which might have arisen had this requested transfer not been effected or based on the fact that the transfer may not prove to work to my eventual advantage.

(PLEASE PRINT)

NAME OF APPLICANT:

ADDRESS:

LOCAL UNION #:

SOCIAL SECURITY NO.:

DATE:

SIGNATURE:

PLEASE ENTER THE FULL NAME & ADDRESS OF YOUR HOME HEALTH & WELFARE FUND

HOME HEALTH & WELFARE FUND	
HEALTH & WELFARE FUND NAME	
ADDRESS	
CITY, STATE ZIP	