REQUEST FOR TRANSFER OF HEALTH & WELFARE CONTRIBUTIONS

MAIL THIS FORM TO:
TO: BOARD OF TRUSTEES
CMRCC Welfare Fund
PO Box 1257
Troy, MI 48099-1257
Phone: (800) 700-6756

Pursuant to the provisions of the Reciprocity Agreement between your Fund and my Home Fund,

Home Fund Name:	
Address:	
City, State Zip:	

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 ALL. 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) EMPLOYED	# HOURS WORKED
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 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 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.

(PLEASE PRINT)

NAME OF APPLICANT:

ADDRESS, CITY, STATE ZIP:

LOCAL UNION #: SOCIAL SECURITY NO.:

DATE: SIGNATURE:

REQUEST FOR TRANSFER OF PENSION CONTRIBUTIONS

MAIL THIS FORM TO:
TO: BOARD OF TRUSTEES

Ohio Carpenters Pension Plan
PO Box 1257
Troy, MI 48099-1257
Phone: (800) 700-6756

Pursuant to the provisions of the Reciprocity Agreement between your Fund and my Home Fund,

Home Fund Name:	
Address:	
City, State Zip:	

I hereby request that you transfer to my Home Fund the Pension contributions made in my behalf to your Fund during the calendar year __ALL__. 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) EMPLOYED	# HOURS WORKED
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 upon 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, CITY, STATE ZIP:

LOCAL UNION #: SOCIAL SECURITY NO.:

DATE: SIGNATURE:

REQUEST FOR TRANSFER OF ANNUITY CONTRIBUTIONS

MAIL THIS FORM TO:
TO: BOARD OF TRUSTEES

CMRCC Defined Contribution Pension Plan *(Annuity)*
PO Box 1057
Troy, MI 48099-1057
Phone: (800) 700-6756

Pursuant to the provisions of the Reciprocity Agreement between your Fund and my Home Fund,

Home Fund Name:	
Address:	
City, State Zip:	

I hereby request that you transfer to my Home Fund the Annuity contributions made in my behalf to your Fund during the calendar year __ALL__. 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) EMPLOYED	# HOURS WORKED
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 upon 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, CITY, STATE ZIP:

LOCAL UNION #: SOCIAL SECURITY NO.:

DATE: SIGNATURE: