

United Brotherhood of Carpenters and Joiners of America

**RECIPROCITY TERMINATION FORM**  
For the Cancellation of Reciprocal Transfer

Please complete this form entirely. Any missing information will cause processing delays.

**PARTICIPANT**

<b>Name:</b>		<b>Social Security Number:</b>	
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>
			<b>Zip Code:</b>
<b>Phone Number:</b>	<b>Email Address:</b>		

I authorize the **OUTSIDE/AWAY** Fund(s) below to **STOP** the transfer of my hours/contributions to my **HOME** Fund(s), effective the period beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (**Month/Day/Year**).

Please list only the names of the cooperating <b>OUTSIDE/AWAY</b> Fund(s):	
<b>Health &amp; Welfare</b> Outside/Away Fund:	
<b>Pension</b> Outside/Away Fund:	
<b>Annuity</b> Outside/Away Fund:	
<b>Outside/Away Local Union:</b>	

Please list only the names of the cooperating <b>HOME</b> Fund(s):	
<b>Health &amp; Welfare</b> Home Fund:	
<b>Pension</b> Home Fund:	
<b>Annuity</b> Home Fund:	
<b>Home Local Union:</b>	

**RETURN FUNDS**

*(This section is to be completed only if you are requesting that funds be returned to another fund.)*

Some contributions that have already been transferred from the Outside/Away Fund(s) to your Home Fund(s) may possibly be refunded/returned to the Outside/Away Fund(s) (subject to review/approval). If you wish to request a refund, please complete the following:

Please return my contributions to \_\_\_\_\_ (fund) for the work month beginning \_\_\_\_\_.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_