

Northwest Carpenters Trusts

PO Box 1929, Seattle, WA 98111-1929
(800) 552-0635

Authorization To Transfer Fringe Benefit Contributions – Incoming

Northwest Carpenters Trusts is my home trust. I worked or will be working in the jurisdiction of the cooperating trust named on this form. Please transfer the funds indicated to **Northwest Carpenters Trusts** effective on the date provided below.

1. Cooperating trust (this is not your own name, the name of a local union or the name of a regional council)

Trust name _____

Mailing address _____

City _____ State _____ Zip _____

Telephone _____

2. Which funds should be transferred? (check all that apply)

Health and security

Pension except 401(k) contributions

3. I start(ed) working in the jurisdiction of the cooperating trust named above on this date:

_____ (month) _____ (year)

I hereby elect, to the extent that the Trustees of Northwest Carpenters Trusts and the Trustees of the cooperating trust have agreed, through the execution of Exhibit B of the International Reciprocity Agreement, to have contributions that were paid on my behalf to the cooperating trust sent to Northwest Carpenters Trusts. This includes all health and welfare funds and/or all retirement and annuity-type funds, **except** 401(k) elective contributions. I understand that Northwest Carpenters Trusts has no obligation to collect the contributions on my behalf from my employer. I further understand that neither I nor my beneficiaries will receive any benefits or credits from the cooperating trust as result of the transferred contributions. I may cancel this request at any time by written notification. I also hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge Northwest Carpenters Trusts and its Trustees of and from all claims, demands, actions, causes of actions, and suits with respect to any contributions that are not transferred.

Participant's name _____

Mailing address _____

City _____ State _____ Zip _____

Local union _____ Social Security number _____

Date of birth _____ Cell number _____

Participant's signature _____ Date _____