Carpenters Southwest Administrative Corporation

LOS ANGELES ADMINISTRATIVE OFFICE: 533 S Fremont Ave .• Los Angeles, CA 90071-1706 • Tel: (213) 386-8590 • Toll Free (800) 293-1370
LAS VEGAS ADMINISTRATIVE OFFICE: 980 Kelly Johnson Dr., Ste.180 • Las Vegas, NV 89119-3722 • Tel: (702) 851-4510 • Toll Free (800) 501-0210
www.carpenterssw.org

UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA
Master Reciprocal Agreement Authorization for Transfer of Contributions and Waiver Form

I am a participant in the funds checked below, but have worked or will work in an area covered by another fund. I request that the contributions made on my behalf to the other fund be transferred to my Carpenters fund(s) checked below. I understand that these transferred contributions will be transferred as hours only, and this may negatively affect my eligibility.

I am a participant in the Fund(s) checked below (Referred to as "Home Fund(s)"):
(Please check only the fund(s) to be transferred:)

( ) Southwest Carpenters **Health & Welfare** Trust Fund
533 South Fremont Ave., Los Angeles, California 90071-1706

( ) Southwest Carpenters **Pension** Trust Fund
533 South Fremont Ave., Los Angeles, California 90071-1706

( ) Southwest Carpenters **Annuity** Trust Fund (Effective 1/1/2006) *
980 Kelly Johnson Dr., Suite 180, Las Vegas NV 89119

For the period beginning / / , I (will be working) (have worked) in an area covered by the following fund(s) (referred to as "Cooperating or Outside" Funds):

Fund: _____
Street _____
City, State, ZIP _____

I hereby elect, to the extent that the trustees of the above cooperating and the trustees of my home fund have agreed, through the execution of the International Reciprocal Agreement, to have contributions paid on my behalf to the cooperating fund sent to my home fund upon the receipt of my "Transfer of Contributions" form. This authorization and waiver shall continue until revoked by me in writing, delivered to the Home Fund and to the Outside Fund.

I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the cooperating fund(s) and its trustees of and from all claims, demands, actions, causes of actions, and suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me or my beneficiaries had I not authorized this transfer of contributions.

I understand that transferring contributions may negatively affect my eligibility.

Name _____ SS#_____

Date of Birth _____ Local Union #_____

Address _____
Number & Street City State Zip Code

Signature _____ Date Signed_____

This Request for Transfer/Authorization by Participant is hereby acknowledged and submitted by the Home Fund to the Outside Fund.

_____ _____
Signature of Home Fund Representative Date
* For hours worked in Las Vegas Nevada only.

Rev. 8/8/05