



# Carpenters Southwest Administrative Corporation

ADMINISTRATIVE OFFICE: 533 S. Fremont Ave. • Los Angeles, CA 90071-1706 • Tel: (213) 386-8590 • Toll Free (800) 293-1370

www.carpenterssw.org

## Reciprocity Form Master Reciprocal Agreement Authorization for Transfer of Contributions —United Brotherhood of Carpenters and Joiners of America—

I am a participant in the Carpenters Funds (also referred to as “Home Funds”) checked below but I 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 participating in the Home Fund(s) checked below:  
(Place a check only for the Fund(s) to be transferred)

- Southwest Carpenters **Health and Welfare** Trust Fund  
533 South Fremont Avenue, Los Angeles, CA 90071-1706
- Southwest Carpenters **Pension** Trust Fund  
533 South Fremont Avenue, Los Angeles, CA 90071-1706
- Southern Nevada Carpenters **Annuity** Trust Fund (Southern Nevada Participants Only)  
c/o 533 South Fremont Avenue, Los Angeles, CA 90071-1706

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”:

Outside Fund \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby elect, to the extent that the Trustees of the above Cooperating Fund 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 action, 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: \_\_\_\_\_ SSN # or UBC #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Local Union #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Number & Street City State Zip Code

Phone #: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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: \_\_\_\_\_