

REQUEST FOR TRANSFER OF HEALTH & WELFARE CONTRIBUTIONS

BOARD OF TRUSTEES OF THE: _____
Pursuant to the provisions of the Reciprocity Agreement

Name and address of Home Fund: **SOUTHWEST OHIO REGIONAL COUNCIL OF CARPENTERS 33 FITCH BLVD, AUSTINTOWN, OHIO 44515**

I hereby request that you transfer to my home fund the Health & Welfare contributions made in my behalf to your Fund during the period for which the Reciprocal Agreement remains in effect.

Following is the first employer(s) who have made or should have made contributions to your fund covered by the Reciprocal Agreement:

<u>EMPLOYER NAME</u>	<u>MONTH AND HOURS</u>	<u>JOB LOCATION</u>
_____	_____	_____
_____	_____	_____

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 Health & Welfare Fund 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 or based on the fact that the transfer may not prove to work to my eventual advantage.

Signature of Applicant

Address

Social Security Number

Local Union #

Date