

APPLICATION FOR TRANSFER OF ANNUITY CONTRIBUTIONS

DATE _____

Name _____

(Last)

(First)

(Middle)

Social Security Number _____

Member of Local Union Number: _____

DOES HEREBY MAKE APPLICATION TO:

Operative Plasterers Local No. 7 Pension Fund
33 Fitch Blvd
Austintown, OH 44515

FOR RECIPROCITY OF ANNUITY CONTRIBUTIONS MADE IN MY BEHALF.

This "Reciprocity" is to be made to :

I hereby release any and all fiduciaries and all others involved in or connected with said transfer from any and all liability which they might incur by reason of any loss or damages resulting to me or my successors, heirs or assigns by reason of or as a result of said transfer.

This request shall be in effect until and unless I notify the transferring Local Union in writing of my desire to revoke this request.

(Signature)

(Date)