

Texas Carpenters & Millwrights Benefits Program

RECIPROCAL TRANSFER AUTHORIZATION FORM

For travelers working inside LU 2232

Name: _____ Social Security #: _____

Home Address: _____ **Home** Local Union #: _____

_____ **Outside** Local Union #: 2232

Home / Cell Telephone Number:(_____) _____

HOME LOCAL BENEFIT OFFICE Address & Phone number (please fill in)

Name: _____

Address: _____

City, State, Zip: _____

Phone & Fax: _____

Local 2232 Gulf Coast Carp. & Mill. Health Trust

(Health & Welfare)

Zenith Administrators

100 Crescent Centre Pkwy., Ste. 340

Tucker, GA. 30084

Phone 800-422-6207 Fax 405-682-2651

LU 2232 Central South Carp/Mill Fund

(Pension/401/CLMPF)

Southern Benefits Administrators

P O Box 1449

Goodlettsville, TN 37070

Phone 800-831-4914 Fax 615-859-6792

Contributions should be transferred to the Home Funds for (check all that apply):

- Gulf Coast Carpenters & Millwrights Health & Welfare Fund**
- Carpenters & Millwrights of Houston & Vicinity Pension Fund**
- Central South Carp & Mill Defined Contribution Fund**
- Carpenters Labor Management Pension Fund (CLMPF)**

Contributions should be transferred on behalf of all the above checked Home Funds:

I hereby request and authorize the Board of Trustees of the above designated Outside Cooperating Fund to transfer all health & welfare, pension, and annuity contributions actually received on my behalf to the Board of Trustees of the above designated HOME FUND(s).

I understand that the Outside Cooperating Fund will act solely as the agent of the noted Home Fund(s) as such, I shall be subject to the eligibility rules of said Home Fund(s) upon the transfer of contributions. I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Outside Cooperating Fund and their Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contributions transferred and for any benefits or credits which would have accrued or become payable to me had I not authorized this transfer of contributions. I further recognize that the transfer of contributions to the noted Home Fund(s) may or may not ultimately prove to be to the advantage of myself and/or my beneficiaries.

The provisions of the United Brotherhood of Carpenters and Joiners of America International Reciprocal Agreement for Carpenters Health & Welfare Funds, Pension Funds and Annuity Funds are hereby incorporated by reference.

This contribution transfer request and authorization shall remain in full force and effect so long as I work within the jurisdiction of the above named Outside Cooperating Fund or until I notify the Outside Cooperating Fund Administrator in writing that I desire to revoke my Transfer Authorization.

Signature _____

Date Signed _____

This form must be signed and dated within 60 days of commencing employment in jurisdiction of Outside Cooperating Fund unless Outside Cooperating Fund Administrator grants an exception.