

Painters and Allied Trades District Council 82
Reciprocal Agreement Authorization to Transfer Contributions

Name _____ Social Security No _____

Home Address _____ Home Local Union No _____

_____ Home Local Area _____

Home Telephone _____ Date of Birth _____

I hereby elect, to the extent that the Trustees of the Cooperating Fund(s) and the Trustees of my Home Fund(s) have executed agreements between them permitting the transfer of contributions, to have contributions paid on my behalf to the Cooperating Fund(s) remitted back to my Home Fund(s).

I understand that the Cooperating Fund(s) will act solely as the agent of my Home Fund(s) and 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 Cooperating Fund(s) and its Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contributions so 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.

Please reciprocate all **Health and Welfare** contributions to my Home Fund:

Yes No

If yes, please designate Home Health /Welfare Fund Name and Address:

Please reciprocate all **Defined Benefit Pension** contributions to my Home Fund:

Yes No

If yes, please designate Home Defined Benefit Pension Fund Name and Address:

Signature _____

Date _____