



New England Carpenters Benefit Funds

350 Fordham Road  
Wilmington, MA 01887  
www.carpentersfund.org  
Phone 978-694-1000  
Toll-free 1-800-344-1515  
Fax 978-657-8619

### AUTHORIZATION FORM FOR THE TRANSFER OF CONTRIBUTIONS

I am a Participant in the **New England Carpenters Benefit Funds** (“Home Funds”) which covers the regions of Massachusetts, New Hampshire, Maine, Vermont, Rhode Island millwrights and wood framers only and Connecticut for wood framers only. I will be working or have worked in an area outside the jurisdiction of my “Home Funds”. Listed below is the information for the area in which I have worked also known as the “Transferring Funds”:

<b>Local Union</b>	
<b>Fund Name</b>	
<b>Fund Address</b>	

I hereby elect to have the hours I have worked under the Funds listed above transferred back to my “Home Funds”, the New England Carpenters Benefit Funds, for the following Funds: ***The hours will only be transferred back for the Funds you have checked below. Please make sure that you check the appropriate boxes.***

Pension Fund

Annuity Fund

Health Fund

I understand that this form must be filed within 60 days from when I start working in the area outside the jurisdiction of my “Home Funds”. I also understand that contributions cannot be transferred if this form is filed after I have become eligible for benefits under the rules and regulations of the “Transferring Funds”. If you have any questions, please contact Leo Donohue at 1-800-344-1515 extension 1156.

The Trustees of the “Transferring Funds” and the “Home Funds” have executed agreements between them permitting the transfer of contributions to my “Home” Funds”. The agreement between the Funds is effective with the later signing date for either Fund.

I hereby release the “Transferring Funds” and its Trustees from all claims, demands, actions, causes of actions of 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.

<b>Participant’s Name</b>		
<b>UBC # &amp; Local Union #</b>		
<b>Mailing Address</b>		
<b>Email Address</b>		
<b>Signature</b>		Date:
<b>For Fund Office Use Only</b>		

**PLEASE COMPLETE AND RETURN THIS FORM TO:** New England Carpenters Benefit Funds  
350 Fordham Road  
Wilmington, MA 01887