## **Request for Transfer of Annuity Contributions**

**NW Ohio Carpenters, Millwrights & Piledrivers** 

TO:

Supplemental Pension Fund P.O. Box 1330 Holland, OH 43528-1330  Pursuant to the provisions of the Reciprocity Agreement between your Fund and my Home			
behal Follo	f to your Fund during the pe	to my Home Fund the Annuity or riod for which the Reciprocal A who have made or should have agreement:	greement remains in effect.
	Employer(s) Name	Month(s) Employed	Hours Worked
	ALL	ALL	ALL
claim shall	on your Fund for said contr	approved and the transfer made ibutions and/or for any benefits ordance with the provisions of the	based on said contributions
releas throu	se you and your successors f	ing said contributions in accordation any future claim, by me and ributions or benefits which migled.	l/or by anyone claiming

Name of Applicant:

Address:

Social Security #: \_\_\_\_\_ Home Local Union #: \_\_\_\_\_

Date: \_\_\_\_\_\_ Signature: \_\_\_\_\_