United Brotherhood of Carpenters and Joiners of America
RECIPROCITY FORM
AUTHORIZATION FOR THE TRANSFER OF CONTRIBUTIONS

Please complete this form in its entirety (Parts A – D) (rev 11-01-2023)

A. Participant Information

Participant Name (First, MI, Last):			Participant SSN:	
Street Address:	City:		State:	Zip:
Date of Birth:	Phone:	Email Address:		Local Number:

B. Home Fund Information

I have worked or will work in an area covered by a cooperating Outside/Away Fund. I request that the contributions made on my behalf to the Outside/Away Fund be transferred to my Home Fund(s). I am a participant in the Home Fund(s) listed below:

Please list only the names of the **HOME Fund(s)** to which you want your contributions transferred to:	
Health & Welfare Home Fund:	Carpenters & Joiners Welfare Fund c/o Wilson McShane 3001 Metro Dr Ste 500 Bloomington MN 55425 P) 952-854-0795 F) 952-854-1632
Pension Home Fund:	MACRC Pension (formerly KC Pension) 12 E. Erie St. Chicago, IL 60611 P) 314-644-4802
Annuity Home Fund:	

C. Cooperating Outside/Away Fund

For the period beginning _____/_____/_____, (Month/Day/Year), I have worked or will work in an area covered by the following Fund(s) – *Referred to as "cooperating Outside/Away Fund(s)":*

Please list only the names of the cooperating **OUTSIDE/AWAY Fund(s)**:	
Health & Welfare Outside/Away Fund:	
Pension Outside/Away Fund:	
Annuity Outside/Away Fund:	
Outside/Away Local Union:	

Note: Contributions will be transferred according to this Authorization provided that no costs have been incurred by the Outside/Away Funds. **I understand that in the event that an outside fund has paid claims, incurred fees and or experienced investment losses on my individual account, the amount of contributions transferred may be less than the contractual rate collected by the Outside/Away Fund.** Furthermore, since contribution rates vary from Fund to Fund, the transfer of contributions received by an Outside/Away Fund to your Home Fund area may result in an adjustment to the hours credited.

D. Authorization/Signature

I hereby elect, to the extent that the Trustees of the above cooperating Outside/Away Fund(s) and the Trustees of my Home Fund(s) have agreed, through the execution of the International Reciprocal Agreement, to have contributions paid on my behalf to the cooperating Outside/Away Fund(s) sent to my Home Fund(s) upon the receipt of my Reciprocity form in accordance with the Master Reciprocal Agreements. I understand this request for transfer of contributions must be filed within one year following commencement of my temporary employment within the jurisdiction of the cooperating Outside/Away Fund(s). **This authorization and waiver shall continue until revoked by me in writing, delivered to the Home Fund(s) and to the cooperating Outside Fund(s).**

I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the cooperating Outside/Away Fund(s) and its Trustees of and from all claims, demands, actions, causes of actions, and suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me or my beneficiaries had I not authorized this transfer of contributions. I understand that transferring contributions may negatively affect my eligibility.

Participant Signature: _____ **Date Signed** _____

This Request for Transfer/Authorization by Participant is hereby acknowledged and submitted by the Home Fund to the Outside/Away Fund.

Approved by: _____

HOME FUND: ☐

OUTSIDE/AWAY FUND: ☑