



**CARPENTERS DISTRICT COUNCIL OF KANSAS CITY
FRINGE BENEFIT FUNDS**

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REQUEST FORM FOR TRANSFER OF PENSION FUNDS TO KANSAS CITY

This form is to be used only by Carpenters who worked out of the area who are affiliated with Local Unions participating in the Carpenters' District Council of Kansas City Pension Plan, otherwise known as the Home Fund.

TO: BOARD OF TRUSTEES
(Fill in the name of the Fund to which contributions were made in your behalf)

Employer's Name: _____

Job Location: _____

I am a member of Local Union # _____ of the United Brotherhood of Carpenters & Joiners of America. I expect to receive benefits under the rules and regulations of the Carpenters' District Council of Kansas City Pension Plan, my Home Fund.

Under the terms of the International Reciprocal Agreement, I request that contributions received by you because of my work in your area be transferred to my Home Fund. I understand that if this request is approved and the transfer made, I shall no longer have any claim on your Fund for said contributions and/or any benefits which otherwise might accrue under your Fund to my benefit or the benefit of my survivors or beneficiaries based upon said contributions and that my eligibility for any benefits based on said contributions shall be determined solely in accordance with the provisions of the Pension Plan established by my Home Fund.

In consideration of your transferring said pension contributions in accordance with this request, I hereby release you and your successors from any future claim, by me and/or anyone claiming through me, based upon said contributions or benefits which might have arisen had this requested transfer not been effected or based on the fact that the transfer may not prove to work to my eventual advantage.

EMPLOYEE: PLEASE SIGN AND FORWARD THIS FORM TO THE OUT-OF-TOWN FUND

Name of Applicant (Printed) _____

Social Security Number _____

Address of Applicant _____

Date: _____

Signature: _____