

## AUTHORIZATION OF CONTRIBUTIONS TRANSFER

NAME \_\_\_\_\_

HOME LOCAL # \_\_\_\_\_ CRAFT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

SSN \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PRESENTLY EMPLOYED WITH LOCAL # \_\_\_\_\_

HOME WELFARE FUND: \_\_\_\_\_  
(Name & Address)

\_\_\_\_\_  
\_\_\_\_\_

HOME PENSION FUND: \_\_\_\_\_  
(Name & Address)

\_\_\_\_\_  
\_\_\_\_\_

I do hereby request and authorize the Board of Trustees of the AFL-AGC Building Trades Plans to transfer contributions on my behalf to my Home Health/Welfare Fund and/or Home Pension Fund as directed below:

\_\_\_\_\_ **HEALTH/WELFARE**

\_\_\_\_\_ **PENSION**

I understand that the Cooperating Fund will act solely as the agent of the noted Home Fund and as such, I shall be subject to the eligibility rules of said Home Fund 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 and their 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 may or may not ultimately prove to be to the advantage of myself and/or my beneficiaries.

This request shall remain in full force and effect so long as I work within the jurisdiction of the above mentioned Local Union or until I notify the Administrator of the Fund in writing of my desire to revoke it.

DATE SIGNED \_\_\_\_\_ SIGNATURE \_\_\_\_\_