REQUEST FOR TRANSFER OF PENSION FUND CONTRIBUTIONS

BUILDING TRADES UNITED PENSION TRUST FUND MILWAUKEE & VICINITY
P.O. BOX 530 - 500 Elm Grove Road, Room 300 - Elm Grove, Wisconsin
53122-0530
(262) 784-7880 or (800) 433-8570
FAX (262) 784-8598

The Following Six Sections Must Be Completed:

1. To: Name of the Transferring Fund

As provided in the Reciprocity Agreement between your Pension Fund and my Home Fund, I am requesting you to transfer to my Home Fund all Pension Fund contributions received by you in my behalf.

I understand that if I have become a Participant in the Transferring Fund, ONLY contributions received in my behalf after the date you receive the appropriate Transfer Request Form may be transferred to my Home Fund. If I am not a Participant in the Transferring Fund, ALL contributions received by the Transferring Fund in my behalf may be transferred to my Home Fund upon receipt of the appropriate Transfer Request Form. NOTE: In Building Trades United Pension Trust Fund, Participation occurs on the June 1 or December 1 after performing 750 hours of work under a written agreement which requires contributions to Building Trades United Pension Trust Fund.

If this request is approved, I, my dependents, survivors and beneficiaries will no longer have any claim against you for the contributions transferred or for any benefits which may have been payable in my behalf. My eligibility for any benefits based on these contributions will be determined by the Plan provisions of my Home Fund.

These instructions will continue in effect until I direct you, in writing, to cease transferring contributions to my Home Fund. I understand you may require annual verification of this request.

2. I declare that I am (Complete one)
   □ not legally married at this time.
   □ unable to locate my spouse.
   □ legally married at this time
     (if so, spouse must complete the consent statement, below, for this request to be honored).

   I understand you may require annual verification of my marital status. I also understand I must notify you of any change to my marital status.

3. Spousal Consent Statement (To be completed if married)

   As the legal spouse of the Applicant, I hereby consent to the Applicant’s request for transfer of contributions and acknowledge that I have no claim against you for the contributions transferred or for any benefits which may have been payable to me.

   Signature of Spouse ___________________________ Date ___________________________ 

   (Please See Reverse Side)
4. Please check one of the following paragraphs

☐ I certify that there is no judgment, decree or order (such as a divorce decree), either current or pending, which recognizes an alternate payee’s right to receive all or a portion of benefits payable to me under this Plan. I agree to indemnify the Plan for any payments the Plan makes under such current or future judgment, decree or order, and which exceed the benefits to which I am otherwise entitled.

☐ I certify that there is a judgment, decree or order (such as pursuant to a divorce proceeding), which recognizes the existence of an alternate payee’s right to receive all or a portion of benefits payable to me under this Plan; or there is a pending order having the same effect. A copy of the order is attached.

5. Please Print

Applicant’s Name


Present Address


Social Security #


Applicant’s Home Fund


Applicant’s Local Union #

Employers worked for in jurisdiction of Transferring Fund


6. Certification

I hereby certify that all of the information furnished by me is true, complete, and correct to the best of my knowledge and belief.

Signature of Applicant ___________________________ Date ___________________
MILWAUKEE CARPENTERS' DISTRICT COUNCIL HEALTH FUND

N25 W23055 Paul Rd.
Pewaukee, Wisconsin 53072

PHONE: (262) 970-5780

AUTHORIZATION TO TRANSFER EMPLOYER CONTRIBUTIONS UNDER RECIPROCITY POLICIES

1. I, __________________________, a member of Local Union # _______ or represented by Milwaukee __________________________ (print full name legibly)
and Southeast Wisconsin District Council, and normally covered for hospital, surgical and other related benefits by and under the MILWAUKEE CARPENTERS' DISTRICT COUNCIL HEALTH FUND (hereinafter referred to as "HOME FUND") N25 W23055 Paul Rd., Pewaukee, Wisconsin (53072) understand that there is, or will be, in effect a reciprocity agreement or policy between my Home Fund and the following health and welfare fund covering the geographical area in which I have been or will be performing work (hereinafter referred to as "Out-of-Town Fund"): __________________________

(enter exact title of Out-of-Town Health Fund)

2. I hereby authorize and direct, pursuant to the reciprocity policy or agreement in effect between my Home Fund and the Out-of-Town Fund, that any employer contributions made on my behalf for the month of _______ Yr. _______
or any subsequent month(s) to such Out-of-Town Fund by __________________________ (employer)
or such other employer(s) that I was or may be employed by in the future pursuant to labor agreements entered into by or on behalf of such employer(s) with Carpenter local unions and/or district councils (Union) be transferred and remitted to my Home Fund whenever requested by the Administrative Manager of my Home Fund.

3. To the extent that any employer contributions are transferred and remitted to my Home Fund in accordance with Paragraph 2, above, I hereby release the respective contributing employers and the Union referred to in Paragraph 2, above, as well as the Trustees of the remitting Out-of-Town Fund and from any further responsibility and liability with regard to payment of contributions so transferred and remitted and with regard to providing coverage for benefits.

4. I understand and agree that this authorization and release as specified in Paragraphs 2 and 3 above, shall continue to be in effect until such time that I deliver a written notice of revocation to the Administrative Manager of my Home Fund.

Dated: __________________________ Dated: __________________________
Employee Signature MILWAUKEE CARPENTERS' DISTRICT COUNCIL
Employee Social Security Number HEALTH FUND (Home Fund)

Administrative Manager

Instructions for use of this form. This "Authorization to Transfer Employer Contributions" must be submitted whenever an employee, who is desirous of having employer contributions transferred to his Home Fund, performs work in the jurisdiction of a Carpenter’s local union or district council which is not participating in the employee’s Home Fund (MILWAUKEE CARPENTERS’ DISTRICT COUNCIL HEALTH FUND). The Authorization form must be completed and delivered to the Administrative Manager of the Home Fund, who will then sign and forward the Authorization form and a request for transfer to the Administrative Manager of the named Out-of-Town Fund.