

Louisiana Carpenters and Millwrights Reciprocal Transfer

**Authorization of Contribution Transfer
To
Louisiana Carpenters Fringe Benefit Funds (New Orleans Area)
By**

Participant: _____
Address: _____

Social Security# _____

Home Fund: Millwright #729 –Baton Rouge, LA

Under the Terms of United Brotherhood of Carpenters and Joiners of America

1. The International Reciprocal Agreement for Carpenters and Millwrights Health Fund
2. The International Reciprocal Agreement for Carpenters and Millwrights Pension Fund
3. The International Reciprocal Agreement for Carpenters and Millwrights Annuity (Supplemental Retirement) Funds

I hereby designate Louisiana Carpenters and Millwrights as my Home Funds. I hereby authorize and request that all contributions made for work performed in the jurisdiction of:

Health, Pension and Supplemental Funds be transferred to my Home Funds.

I understand that the signatory Fund(s) will act solely as the Agent of the designated Home Fund(s) and as such, I shall be subject to the eligibility rules of my Home Fund(s) upon the transfer of Contributions, under the terms of the three International Carpenters Agreements mentioned above.

I hereby release (on behalf of myself as well as on my behalf of anyone claiming through me) and further discharges and signatory participating Fund(s) and their Trustees of and from all claims, demands, action, causes of actions or suits with respect to any Contributions as 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 above noted Home Fund(s) may or may not ultimately prove to be to the advantage of myself or my beneficiaries.

Signed: _____

Dated: _____

The Original of this authorization is on file with the Home Fund in the names of the above participant. Copy may be used with Various funds signatory to the United Brotherhood of Carpenters and Joiners of America, Reciprocal Agreement and will remain in effect until 90 days after it is cancelled in writing by the above participant.

Health and Welfare:

Gulf Coast Carpenters and Millwrights Health Trust
c/o Southern Benefit Administrators
P.O. Box 1449
Goodlettsville, TN 37070-1449

Pension:

New Orleans Carpenters Pension Fund
c/o Southern Benefit Administrators
P.O. Box 1449
Goodlettsville, TN 37070-1449

Supplemental:

Central South Carpenters and Millwrights Defined Contribution Fund
c/o Southern Benefit Administrators
P.O. Box 1449
Goodlettsville, TN 37070-1449