

REQUEST FOR TRANSFER OF HEALTH & WELFARE CONTRIBUTIONS

MAIL THIS FORM TO:

BOARD OF TRUSTEES
Carpenters Benefit Fund
1811 Spring Garden St.
Philadelphia, PA 19130
PH: 215-568-0430 FAX: 215-563-0169

Pursuant to the provisions of the Reciprocity Agreement between your Fund and my Home Fund, **(check one below)**

Ohio Carpenters Health Fund, PO Box 1257, Troy, MI 48099

I hereby request that you transfer to my Home Fund the Health & Welfare contributions made in my behalf to your Fund during the calendar year ALL. During said year, I worked for the following employers who made or should have made contributions in my behalf to your Fund:

EMPLOYERS NAME	MONTH(S) EMPLOYED	# HOURS WORKED
ALL	ALL	ALL

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 for any benefits which otherwise might accrue under your Fund for any benefits based on said contributions shall be determined solely in accordance with the provisions of the Plan established by my Home Fund.

In consideration of your transferring said contributions in accordance with this request, I hereby release you and your successors from any future claims, 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.

(PLEASE PRINT)

NAME OF APPLICANT:	
ADDRESS:	
LOCAL UNION #: 1090	SOCIAL SECURITY NO.:
DATE:	SIGNATURE:

REQUEST FOR TRANSFER OF PENSION CONTRIBUTIONS

MAIL THIS FORM TO:

BOARD OF TRUSTEES
Carpenters Benefit Fund
1811 Spring Garden St.
Philadelphia, PA 19130
PH: 215-568-0430 FAX: 215-563-0169

Pursuant to the provisions of the Reciprocity Agreement between your Fund and my Home Fund, **(check one below)**

- Ohio Carpenters Pension Plan**, PO Box 1257, Troy, MI 48099 - *Local #1090 Members from Northeast, Central, Northwest & South Central Ohio (Cleveland, Akron, Canton, Youngstown, Steubenville, Columbus, Toledo & Ironton)*

- Southwest Pension Plan**, PO Box 1257, Troy, MI 48099 - *Local #1090 Members from Southwest Ohio (Cincinnati & Dayton)*

I hereby request that you transfer to my Home Fund the Pension contributions made in my behalf to your Fund during the calendar year ALL. During said year, I worked for the following employers who made or should have made contributions in my behalf to your Fund:

EMPLOYERS NAME	MONTH(S) EMPLOYED	# HOURS WORKED
ALL	ALL	ALL

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 for any benefits which otherwise might accrue under your Fund to my 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 claims, 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.

(PLEASE PRINT)

NAME OF APPLICANT:	
ADDRESS:	
LOCAL UNION #: 1090	SOCIAL SECURITY NO.:
DATE:	SIGNATURE:

REQUEST FOR TRANSFER OF ANNUITY CONTRIBUTIONS

MAIL THIS FORM TO:

BOARD OF TRUSTEES
Carpenters Benefit Fund
1811 Spring Garden St.
Philadelphia, PA 19130
PH: 215-568-0430 FAX: 215-563-0169

Pursuant to the provisions of the Reciprocity Agreement between your Fund and my Home Fund, (**check one below**)

- Ohio Carpenters Annuity Plan - *Local #1090 Members from Northeast & Central Ohio (Cleveland, Akron, Canton, Youngstown, Steubenville and Columbus)***
PO Box 1257, Troy, MI 48099
- Northwest Ohio Carpenters, MW's & PD's Supplemental Pension Plan – *Local #1090 Members from Northwest & Southwest Ohio (Toledo, Lima, Cincinnati & Dayton)***
PO Box 1330, Holland, OH 43528-1330
- IKRCC Defined Contribution Pension Trust Fund (Annuity), – *Local #1090 Members from South Central Ohio (Ironton)***
PO Box 421789, Indianapolis, IN 46242-1789

I hereby request that you transfer to my Home Fund the Annuity contributions made in my behalf to your Fund during the calendar year ALL. During said year, I worked for the following employers who made or should have made contributions in my behalf to your Fund:

EMPLOYERS NAME	MONTH(S) EMPLOYED	# HOURS WORKED
ALL	ALL	ALL

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 for any benefits which otherwise might accrue under your Fund to my 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 claims, 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.

(PLEASE PRINT)

NAME OF APPLICANT:	
ADDRESS:	
LOCAL UNION #: 1090	SOCIAL SECURITY NO.:
DATE:	SIGNATURE:



CARPENTERS BENEFIT FUNDS OF PHILADELPHIA

— WORK BENEFITS ALL —

CAFETERIA PLAN DIRECT DEPOSIT FORM

Participant Name: _____ UBC # or Last Four of SSN: _____

Direct Deposit all payments from the following Funds

Cafeteria & HRA | Pension

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings



Routing/Transit #
(A 9-digit number always
between these two marks)

Checking Account #

Check #
(this number matches the number in
the upper right corner of the check—
not needed for sign-up)

Authorization Agreement

I hereby authorize Carpenters Health & Welfare Fund to initiate automatic deposits to my account at the financial institution names below. I also authorize Carpenters Health & Welfare Fund to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Carpenters Health & Welfare Fund responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Carpenters Health & Welfare Fund receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Carpenters Health & Welfare Fund.

Authorized Signature: _____ Date: _____

Submit your Direct Deposit Form online at www.carpenters.fund