

**PENSION AND WELFARE
TRANSFER AUTHORIZATION**

NAME: _____ DATE OF BIRTH: _____
Last (print) First Middle

ADDRESS: _____ SOC. SEC. #: _____
Number and Street

_____ PHONE #: _____
City State Zip

MEMBER OF LOCAL #: _____ EMAIL: _____

PRESENT EMPLOYER: _____

WORKING IN JURISDICTION OF LOCAL #: _____
City State Zip

This form authorizes the following Fund(s):

- Construction Industry Laborers (KC)** **St. Louis Laborers' Welfare and Pension Fund** **Southern Illinois' Laborers**
 Other: _____

To transfer all Pension and Welfare contributions made to them on my behalf by my employers to:

Name and Address of your Home Fund, DO NOT use your Union's address unless it is the same as your Benefit Office.

(Note: For Pension Transfers: No transfers may be made covering periods of more than 1 year before the date you sign this Form.)
THIS FORM SUBJECT TO CONDITIONS ON REVERSE SIDE HEREOF.

(Note: For Welfare Transfers: No transfers may be made covering periods of employment for more than six (6) months before the date
you sign this Form.) **THIS FORM SUBJECT TO CONDITIONS ON REVERSE SIDE HEREOF.**

SIGNED: _____ DATE: _____



HOME FUND'S COPY - WHITE

TRANSFERRING FUND'S COPY - YELLOW

EMPLOYEE'S COPY - PINK

PENSION TRANSFER AUTHORIZATION

In authorizing this transfer, the signer releases the Board of Trustees of the transferring fund, otherwise known as the guest fund, from any and all liability or claim by an employee or anyone claiming through him that the transfer of contributions may not work to his best interest. The signer further agrees that his eligibility for benefits and all other participant rights are governed by the terms of the home fund's pension plan and not by the terms of the fund's pension plan that is transferring contributions. The signer also expressly agrees that in computing pension credits earned as a result of transferred contributions, that his home fund may divide the total amount transferred from the "guest fund" by his home fund's rate of contribution and the quotient (result) shall be the number of hours for which he shall receive pension credits from his home fund. Fractions shall be rounded to the next half number.

WELFARE TRANSFER AUTHORIZATION

In authorizing this transfer, the signer releases the Board of Trustees of the transferring fund, otherwise known as the guest fund, from any and all liability or claim by an employee or anyone claiming through him that the transfer of contributions may not work to his best interest. The signer further agrees that his eligibility for benefits and all other participant rights are governed by the terms of the home fund's welfare plan and not by the terms of the fund's welfare plan that is transferring contributions. The signer also expressly agrees that in computing welfare eligibility as a result of transferred contributions, that his home fund may divide the total amount transferred from the "guest fund" by his home fund's rate of contribution and the quotient (result) shall be the number of hours for which he shall receive credit from his home fund.

This transfer authorization will remain in effect until revoked in writing by the employee or by the transferring fund or home fund under the terms of the Reciprocal Agreement.