

* If Trust is not listed in drop downs, type it in the space provided.

AUTHORIZATION TO TRANSFER CONTRIBUTIONS UNDER MONEY-FOLLOWS-THE-MEMBER AGREEMENT

MFM-LFAO-Ver F 10 JULY 2018

Cooperating Host Pension Trust*:

Cooperating Host Welfare Trust*:

I have been transferred by my employer from work within the jurisdiction of the Home Trusts, indicated below, to the jurisdiction of the Cooperating Host Trusts. I have been cleared through the hiring hall of Host Local Union No. to work in the jurisdiction of the Cooperating Host Trusts. I hereby elect, to the extent that the Cooperating Host Trusts and the Home Trusts have agreed through the execution of Money-Follows-the-Member Agreements, to have the Cooperating Trusts transfer pension and welfare contributions paid on my behalf to the Home Trusts indicated below. I understand that contributions will be transferred to both the Home Pension Trust and Home Welfare Trust, unless one of those Home Trusts is the same as a Cooperating Trust.

Home Pension Trust*:

Home Welfare Trust*:

Employer Name:

Employer Address: City/State/Zip:

Project/Location: Start Date: Ends Approx:

I understand that this authorization must be filed with the Administration Office of the Cooperating Host Trusts within 90 days following the beginning of my employment within the Cooperating Host Trusts' jurisdiction. If this authorization is not filed within that 90 day period, then contributions will only be transferred if an extension is granted by both the Cooperating Host Trusts and the Home Trusts. If this authorization is filed within the 90 day time period, contributions are transferred for hours worked commencing on the date of my employment in the Cooperating Host Trusts' jurisdiction, unless benefits have been paid. If benefits have been paid by the Cooperating Host Welfare Trust, contributions will only be transferred to the Home Welfare Trust on a prospective basis. Unless noted otherwise in this form as "Various Projects," this authorization is only valid for the duration of the project specified with the employer as indicated above. Subsequent Authorizations are required in order to work with a new project and/or employer, regardless of geographical area.

I understand that upon transfer of contributions, the Cooperating Host Trusts will act solely as the agent of the Home Trusts, and as such, I shall be subject to the eligibility rules of the Home Trusts. I further understand that in the event the contribution rates of the Cooperating Host Trusts and Home Trusts differ, the Trustees of the Home Trusts, in their discretion, may determine how such transferred contributions will be credited and may adjust benefits or eligibility to be provided accordingly.

I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Cooperating Host Trusts 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, or my beneficiaries, had I not authorized this transfer of contributions. I have made this election to transfer contributions to the Home Trusts indicated above, notwithstanding the possibility that such election may not always be advantageous to me and/or my beneficiaries. Accordingly, I hereby further release (on behalf of myself as well as on behalf of anyone claiming through me) both the Cooperating Host Trusts and the Home Trusts and their Trustees from any liability or claim that the transfer of contributions may not work to my best interest.

LiUNA Member Name: Home Local: SSN:

Home Address:

City/State/Zip:

Date:

Member Signature

I understand that this authorization is valid as stated above and I am responsible for filing subsequent authorizations if needed. _____
Initials

THIS AUTHORIZATION IS NOT VALID UNLESS SIGNED BY AUTHORIZED HOST UNION REPRESENTATIVE

Host Local Union No: Clearance

Date:

Authorized Union Representative Signature

Host Local Union Fringe Rate Dispatched at: Pension \$

Health & Welfare \$

***Send completed form to Cooperating Host Trust Fund.**

COMMON e-PDF FORM RECIPROCITY TRUST FUNDS & LOCAL LISTINGS

This is a partial listing of the Western U.S. LiUNA Funds in the Pacific Southwest and Northwest LiUNA Regions. Funds not identified below need to be individually contacted regarding their reciprocity with these and other LiUNA Funds not identified below. This summary and form were compiled and coordinated by the Laborers Administrative Office for Northern California (LFAO).

PACIFIC SOUTHWEST LiUNA REGION

	TRUST FUND	e-PDF FORM RECIPROCITY WITH
1	NORTHERN CALIFORNIA LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA LABORERS HEALTH & WELFARE TRUST FUND FOR NORTHERN CALIFORNIA 220 CAMPUS LANE, FAIRFIELD, CA 94534 PHONE: 707-864-2800 FAX: 707-864-5856 LOCALS: 67, 73, 185, 261, 270, 294, 304, 324, 886, 1130	PACIFIC SOUTHWEST LiUNA REGION: 2, 3 NORTHWEST LiUNA REGION: 4, 5, 6, 7
	SAN DIEGO SAN DIEGO COUNTY CONSTRUCTION LABORERS PENSION TRUST FUND 4399 SANTA ANITA AVE, SUITE 200, EL MONTE, CA 91731 PHONE: 619-263-6941 FAX: 619-358-8160 LOCAL: 89	PACIFIC SOUTHWEST LiUNA REGION: 1, 3 NORTHWEST LiUNA REGION: 4, 5, 6, 7
3	SOUTHERN CALIFORNIA LABORERS PENSION TRUST FUND FOR SOUTHERN CALIFORNIA LABORERS HEALTH & WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA 4399 SANTA ANITA AVE., SUITE 200, EL MONTE, CA 91731 PHONE: 626-279-3000 FAX: 626-279-3010 LOCALS: 89, 220, 300, 345, 652, 783, 1184, 1414	PACIFIC SOUTHWEST LiUNA REGION: 1, 2 NORTHWEST LiUNA REGION: 4, 5, 6, 7

NORTHWEST LiUNA REGION

	TRUST FUND	e-PDF FORM RECIPROCITY WITH
4	OREGON & SOUTHERN IDAHO OREGON LABORERS-EMPLOYERS PENSION TRUST FUND OREGON LABORERS HEALTH & WELFARE FUND P.O. BOX 4148, PORTLAND, OR 97208 PHONE: 800-547-1314 FAX: 503-727-2324 LOCALS: 155, 483, 737	NORTHWEST LiUNA REGION: 5, 6, 7 PACIFIC SOUTHWEST LiUNA REGION: 1, 2, 3
	WESTERN WASHINGTON WESTERN WASHINGTON LABORERS-EMPLOYERS PENSION TRUST FUND 201 QUEEN ANNE AVE. NORTH, SUITE 100, SEATTLE, WA 98109 PHONE: 800-426-5980 FAX: 206-285-1701 LOCALS: 242, 252, 292, 335, 614, 791 FOR HEALTH & WELFARE SEE #8	NORTHWEST LiUNA REGION: 4, 6, 7 PACIFIC SOUTHWEST LiUNA REGION: 1, 2, 3
6	WASHINGTON & NORTHERN IDAHO NORTHWEST LABORERS-EMPLOYERS HEALTH & SECURITY FUND 201 QUEEN ANNE AVE. NORTH, SUITE 100, SEATTLE, WA 98109 PHONE: 800-426-5980 FAX: 206-285-1701 LOCALS: 238, 242, 252, 276, 292, 335, 348, 1239 FOR PENSION SEE #7 OR #9	NORTHWEST LiUNA REGION: 4, 5, 7 PACIFIC SOUTHWEST LiUNA REGION: 1, 2, 3
	EASTERN WASHINGTON & NORTHERN IDAHO WASHINGTON- IDAHO LABORERS-EMPLOYERS PENSION TRUST FUND 111 W. CATALDO AVE, SUITE 220, SPOKANE, WA 99202 PHONE: 509-534-5625 FAX: 509-534-5910 LOCALS: 238, 348 FOR HEALTH & WELFARE SEE #8	NORTHWEST LiUNA REGION: 4, 5, 6 PACIFIC SOUTHWEST LiUNA REGION: 1, 2, 3

DUES CHECKOFF AUTHORIZATION AND ASSIGNMENT

I hereby assign to Local Union No. 737, of the Laborers' International Union of North America, such amounts from my wages as shall be required to pay an amount equivalent to the initiation fees, readmission fees, membership dues, and related assessments, as the Union may establish from time to time.

My Employer is hereby authorized to deduct such amounts from my wages and pay the same to the Local Union and/or its authorized representative. This authorization applies to my present Employer and all my future Employers. This authorization shall become effective upon its execution. This authorization shall be irrevocable for a period of one (1) year, or until termination of the Collective Bargaining Agreement in existence between my Employer and the Union, whichever occurs sooner. I agree and direct that this authorization shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each, or for the period of any subsequent agreement between my Employer and the Union, whichever shall be shorter, unless written notice is given by me to my Employer and the Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each one (1) year period, or of each Collective Bargaining Agreement between my Employer and the Union, whichever occurs sooner. This check-off authorization shall continue irrespective of my membership in the Union or any union-security clause or obligation contained in the Collective Bargaining Agreement.

This assignment has been executed this _____ day of _____, 20 _____.

NAME

(PRINT NAME)

SOCIAL SECURITY #

NAME OF EMPLOYER

TELEPHONE NO.

CELL PHONE NO.

EMAIL ADDRESS

By providing your email and phone, you confirm your consent to receive messages from LIUNA & its affiliates, including any autodialed call, text message or email, about important matters, including your contract, benefits, union operations, political, and legislative matters. You can opt-out at any time.

Union dues are not deductible as charitable contributions for Federal income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code. Union dues may qualify as business expenses, job-related expenses, or other "unreimbursed employee expenses" to the extent permitted by the Internal Revenue Service.

SIGNATURE