



**Pension and Welfare Transfer Authorization (for NON 42 / 110 Members)**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_

Number and Street

\_\_\_\_\_  
City State Zip

PHONE: \_\_\_\_\_

MEMBER OF LOCAL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

This form authorizes the St. Louis Laborers' Welfare and Pension Funds to transfer all Welfare and Pension contributions paid on my behalf to my Home Fund (**please write your home fund below**).

\_\_\_\_\_  
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 IS SUBJECT TO CONDITIONS ON REVERSE SIDE HEREOF.

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

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*This form can be mailed or faxed to the St. Louis Laborers' contacts listed below or emailed to **benefits@stllaborers.com***

\_\_\_\_\_  
St. Louis Laborers' Welfare and Pension Funds  
2357 59th St. -- St. Louis, MO 63110  
**stllaborers.com**

Phone: 314-644-2777

Toll Free: 800-489-0228

Fax: 314-646-4440

### **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.