



RECIPROCITY TRANSFER REQUEST AND CONSENT FORM

I, _____, am a member of Local Union # _____, which participates in the:

Name of Fund _____

Address of Fund _____

(herein after referred to as "Home Fund".) I understand that there is in effect a Reciprocity Agreement between my Home Fund and the Building Trades United Pension Trust Fund – Milwaukee & Vicinity (BTUPTF) covering contributions made to the BTUPTF for work performed by me while working within the geographical area covered by it.

I hereby authorize and request the transfer of all employer contributions made in my behalf from the BTUPTF to my Home Fund pursuant to the terms of the reciprocity agreement. I understand that if I have become a Participant in the BTUPTF, only contributions received in my behalf after the date this form is received and approved may be transferred to my Home Fund. If I am not a Participant in the BTUPTF, all contributions received by the BTUPTF in my behalf after the form is received and approved may be transferred to my Home Fund.

I hereby release any fiduciaries and all others involved in or connected with said transfer from any and all liability, which they might incur by reason of any loss or damages resulting to me or my successors, heirs or assigns by reason of or as a result of said transfer. I specifically understand that the transfer of contributions hereby authorized may not work to my best advantage.

This authorization and request shall remain in full force and effect unless I notify the Trustees of the BTUPTF, in writing, of my desire to revoke it, in which case this authorization and request shall terminate on the last day of the month in which such notice is received by the BTUPTF.

Name

Social Security Number

Address

City State Zip

Date of Birth

Phone Number

Employee Signature

Date