

**IRONWORKERS DISTRICT COUNCIL OF NEW ENGLAND  
WELFARE, PENSION AND ANNUITY FUNDS**

**161 GRANITE AVENUE  
DORCHESTER, MA 02124**

**617-265-3757 \* 1-800-637-3736 \* Fax 617-282-3757**

**IRON WORKERS INTERNATIONAL RECIPROCAL AGREEMENT  
AUTHORIZATION OF CONTRIBUTIONS TRANSFER**

NAME \_\_\_\_\_  
Please Print

HOME ADDRESS \_\_\_\_\_  
Street City State Zip

TELEPHONE \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_

HOME LOCAL# \_\_\_\_\_ UNION BOOK # \_\_\_\_\_

I hereby elect or do not elect as indicated below, to have contributions which are paid on my behalf to the following Funds, transferred to my Home Fund. I understand this authorization is only valid with respect to those Cooperating Funds that have executed agreements with my Home Fund to permit the transfer of contributions.

\_\_\_\_\_ Elect \_\_\_\_\_ Do Not Elect to have my **WELFARE** contributions remitted to my Home Fund

\_\_\_\_\_ Elect \_\_\_\_\_ Do Not Elect to have my **PENSION** contributions remitted to my Home Fund

\_\_\_\_\_ Elect \_\_\_\_\_ Do Not Elect to have my **ANNUITY** contributions remitted to my Home Fund

I understand that the Cooperating Fund(s) will act solely as the agent of the noted Home Funds(s) and as such, I shall be subject to the eligibility rules of said Home Fund(s) upon the transfer of contributions. I hereby release on behalf of myself as well as on behalf of anyone claiming through me and further discharge the Cooperating Fund 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 had I not authorized this transfer of contributions. I further recognize that the transfer of contributions to the noted Home Funds may or may not ultimately prove to the advantage of myself and/or my beneficiaries.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_