

**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#-Last 4** _____ **D.O.B.** _____

HOME LOCAL# _____ **UNION BOOK #** _____

CURRENT EMPLOYER _____

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** _____