

ARKANSAS CARPENTERS ANNUITY FUND
RECIPROCITY TRANSFER AUTHORIZATION FORM

*Employee's Name _____ *Member of Local # _____

*Address _____ *Social Security # _____

*City, State & Zip Code: _____ Away Job is Located in the Jurisdiction of
Local Union #: _____
(This is the away local)

Name and Address of "Away" Benefit Office: Date Hired _____

Home Fund: (Where you want your benefits sent): Arkansas Carpenters H & W Annuity Fund
ERISA
POBox 860007
PLANO, TX 75086
866-675-4577

I hereby request and authorize the Board of Trustees of the above designated Away Fund to transfer all Annuity contributions actually received on my behalf to the Board of Trustees of my above designated Home Fund.

I understand and agree that I will not participate in the Away Fund, will not receive credits or benefits under the Away Fund, and waive any and all rights I may have with respect to the Away Fund. The Away Fund does not guarantee collection of contributions due on my behalf, but rather only agrees to transfer to my Home Fund whatever contributions are actually received (under the A way Fund's rules and regulations and at its contribution rates). The Away Fund also makes no promises concerning any benefits I may be entitled to under the Home Fund, and is not responsible for how the Home Fund credits or administers the transferred contributions, The Away Fund shall in no event be considered a contributing employer to the Home Fund. Accordingly, I hereby agree, on behalf of myself and my dependents, beneficiaries, heirs, administrators, and assigns, to hold the Away Fund and the Trustees of the Away Fund harmless from any and all claims, causes of action, or damages which might result from this transfer authorization or any related acts or omissions.

I also understand and agree that any benefits I am entitled to under my Home Fund will be dependent upon the Rules and Regulations of my Home Fund, the contribution rate in effect for my Home Fund from time to time, and the amount of contributions actually received. The Home Fund shall have no obligation to collect contributions for work performed outside of their jurisdiction and shall not be required to credit my hours worked until they actually receive the transferred contributions. I understand that my Home Fund shall credit me according to the Rules and Regulations of the Home Fund. I further understand that I could receive less credit than the full number of hours actually worked in jurisdiction of the A way Fund. I, on behalf of myself and my dependents, beneficiaries, heirs, administrators, and assigns, hereby release the Home Fund and the Trustees of the Home Fund from any and all claims, causes of action, and damages which relate to the transfer of contributions or this authorization to so transfer.

This contribution transfer request and authorization shall remain in full force and effect so long as I work within the jurisdiction of the above names Away Fund or until I notify the Away Fund Administrator in writing that I desire to revoke it. (This form must be signed and dated within 60 days of commencing employment in jurisdiction of the Away Fund unless the A way Fund grants exception)

*SIGNATURE: _____ DATE: _____