



UNITED BROTHERHOOD OF CARPENTERS
AND JOINERS OF AMERICA

EASTERN ATLANTIC STATES
REGIONAL COUNCIL
OF CARPENTERS
SCRANTON AFFILIATE OFFICE

314 PEAR STREET
SCRANTON, PA 18505
PHONE (570) 347-5891
FAX (570) 342-3175

To any member of Local 445 working outside the jurisdiction of The Eastern Atlantic States Regional Council of Carpenters (*formerly Keystone Mountain Lakes*).

These are the TWO forms to reciprocate your Annuity, Pension, and Health & Welfare benefits back to Pittsburgh from the area you are currently working in. Please fill in all of the information requested on BOTH FORMS, sign, date and **send BOTH FORMS** to:

Carpenters Combined Funds
650 Ridge Road
Suite 300
Pittsburgh, PA 15205

Our funds office will then request your funds from the funds office where you are working. This makes for a better paper trail and assures you that your benefits will be credited to your accounts in a timely manner. The phone number for Carpenters Combined Funds is toll-free 1-800-242-2539 or 412-922-5330.

If you have any questions please do not hesitate to call the office.

Fraternally,

Drew Simpson
Regional Manager
Eastern Atlantic States Regional Council of Carpenters

AUTHORIZATION FOR TRANSFER OF
ANNUITY & SAVINGS CONTRIBUTIONS & PENSION CONTRIBUTIONS

TO: BOARD OF TRUSTEES OF THE _____

Pursuant to the provisions of the Reciprocal Agreement between your Fund and my Home Fund, Greater Pennsylvania Carpenters Annuity & Savings Fund, & Greater Pennsylvania Carpenters Pension Fund, 650 Ridge Road – Suite 300, Pittsburgh, PA 15205, I hereby make application to your Fund for transfer to my Home Fund of the contributions made in my behalf to your Fund during the calendar year _____.

Employer Name	Months Employed	Hours Worked
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that if this request is approved and the transfer made, I shall no longer have claim on your Fund for said contributions and/or for any benefits which otherwise might accrue under your Fund to my benefit or my survivors or beneficiaries based upon said contributions that my eligibility for any benefits based on said contributions shall be determined solely in accordance with the provisions of the Plans established by my Home Fund.

In consideration of your transferring said contributions in accordance with this request, I hereby release you and your successors from any future claims, by me and/or anyone claiming through me, based upon said contributions or benefits which might have arisen had this requested transfer not been effected.

I also request that you consider this authorization as ongoing unless terminated prospectively by me giving written notice to your Fund.

Social Security Number: _____

Name of Applicant: _____

Address of Applicant: _____

Local Union Number: 445

Signature of Applicant: _____ Date: _____

NAME OF FUNDS REQUESTING MONIES TO BE TRANSFERRED FOR THEIR MEMBERS:

BUILDING TRADES HEALTH & WELFARE FUND

GENTLEMEN:

I normally work under the collective bargaining agreement of Local 445 of the United Brotherhood of Carpenters and Joiners of America which is considered my "Home Local." I have in the past and may continue to earn benefits through my employment in regard to the above referenced Funds which are considered my "Home Funds" from which I expect to receive benefits under the rules and regulations of my "Home Funds."

I may work in other geographic areas that are not a part of my "Home Local" but are part of an "Outside Local." I understand that contributions were or may be made, as a result of that work, to "Outside Funds" which are Funds of Unions affiliated with the United Brotherhood of Carpenters and Joiners of America. I request that you notify the following "Outside Funds" with whom you may have reciprocity agreements, that contributions received because of my work through the "Outside Local" should be transferred to my "Home Funds" at the prevailing rate in that geographic area covered by the "Outside Local" and/or "Outside Fund" or the amount required to be contributed on behalf of Employees in the geographic area covered by my "Home Funds" and "Home Local", whichever is less.

The "Outside Funds" required to be notified are: _____.

In consideration of the transfer of monies, I herewith waive all rights, credits and benefits that I might have accrued as a result of the work I performed in through an "Outside Local" and for which contributions were made to "Outside Funds." This authorization shall continue until cancelled by me in writing.

Signature written: _____

Signature printed: _____

Address: _____

Social Security Number: _____

Date: _____

Employer: _____

Job Location: _____