



EASTERN ATLANTIC STATES  
REGIONAL COUNCIL OF CARPENTERS  
SCRANTON AFFILIATE OFFICE



CARPENTER'S LOCAL UNION 445  
314 PEAR STREET  
SCRANTON, PA 18505

[www.local445.org](http://www.local445.org)

PHONE: (570) 342-9673  
1-877-575-1331  
FAX: (570) 342-3175

To any member of Local 445 working outside the jurisdiction of the Eastern Atlantic States Regional Council of Carpenters.

The attached is the form to reciprocate your Annuity, Pension and Medical benefits back to Pittsburgh from the area you are currently working in. Please fill in all of the information requested, sign, date and send forms to:

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

Our funds office will then request to have your funds transferred back to your home local from where you are working. This procedure is a better paper trail and assures you that your benefits will be credited to your accounts in a timely manner. PLEASE CHECK YOUR STATEMENTS from Carpenters Combined Funds that are sent on a quarterly basis to ensure the monies have been transferred. The phone number for Carpenters Combined Funds is 412-922-5330 or toll free 1-800-242-2539.

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 PENSION CONTRIBUTIONS**

TO: BOARD OF TRUSTEES OF THE \_\_\_\_\_

**AUTHORIZATION FOR TRANSFER OF WELFARE CONTRIBUTIONS**

TO: BOARD OF TRUSTEES OF THE \_\_\_\_\_

**AUTHORIZATION FOR TRANSFER OF ANNUITY / SAVINGS 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 Pension Fund and/or Greater Pennsylvania Carpenters Medical Plan, and/or Greater Pennsylvania Capenters Annuity and Savings 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 and 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: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_