



OREGON - WASHINGTON CARPENTERS - EMPLOYERS TRUST FUNDS

C/O THE WILLIAM C. EARHART COMPANY, INC.
P.O. BOX 4148, PORTLAND, OR 97208 / 3140 N.E. BROADWAY, PORTLAND, OR 97232
LOCAL: (503) 282-5581 / TOLL FREE: (800) 547-1314
FAX: (503) 284-9386

United Brotherhood of Carpenters and Joiners of America
International Reciprocal Agreement for Pension Plan

Authorization to Transfer Fringe Benefit Contributions and Release

Funds to be transferred
Pension

I am a participant in the Trust Fund identified below (referred to as the "Home Fund"):

Home Fund _____

Address _____

City _____ State _____ Zip _____

However, for the period beginning _____, I will be working or have worked in the area covered by the following Trust Fund (referred to as the "Cooperating Fund"):

Cooperating Fund _____

Address _____

City _____ State _____ Zip _____

I understand that this request form must be submitted to the Cooperating Fund within 60 days after my employment in the Cooperating Fund's jurisdiction begins, unless the Trustees approve a later submission.

I hereby elect to have contributions that were paid on my behalf to the Cooperating Fund sent to my Home Fund, as was authorized by The Trustees of the above Cooperating Fund and the Trustees of my Home Fund through the execution of the International Reciprocal Agreement. I understand that the Cooperating Fund will act solely as the agent of the Home Fund with respect to the transfer of contributions. I recognize that if I do not timely submit this form, I will be treated as if I elected not to authorize a transfer of contributions, and the pro-rata pension provisions of the Cooperating Fund's Plan will apply to me.

On behalf of myself as well as anyone claiming through me, I hereby release and further discharge the Cooperating Fund and its Trustees from all claims, demands, actions, causes of action, and suits with respect to any contributions so transferred and for any benefits or credits which would have accrued to become payable to me or my beneficiaries had I not authorized this transfer of contributions. I further recognize that the transfer of contributions to the Home Fund may not be advantageous to myself and/or my beneficiaries.

Participant Name _____

Home Address _____

City _____ State _____ Zip _____

Home Local# _____ Social Security No. _____

Signature _____ Date _____

Send copy to: (1) Cooperating Fund (2) Home Fund (3) Participant Copy