

**NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS'  
SUPPLEMENTAL RETIREMENT FUND  
800-424-3405**

**REQUEST & WAIVER**

(Under United Brotherhood of Carpenters and Joiners of America Master Reciprocal Agreement for Annuity Funds)

To: Trustees of \_\_\_\_\_  
(Name of Transferring or Outside Annuity or Supplemental Fund)

**My Home Fund is: North Central States Regional Council of Carpenters' Supplemental Retirement Plan**

In accordance with Section V of the United Brotherhood of Carpenters and Joiners of America Master Reciprocity Agreement for Annuity Funds, the undersigned Participant of the North Central States Regional Council of Carpenters' Supplemental Retirement Plan (the "Home Fund") hereby authorizes my Home Fund to request that the Outside Fund transmit to the Home Fund the monies received by the Outside Fund from Employers arising from my employment in the jurisdiction of the Outside Fund.

By executing this request and waiver, I understand that I am waiving all rights that I may have to eligibility for benefits in any Outside Fund. Further, I understand and agree that this request and waiver may only be revoked in writing and shall continue in effect until such date that I provide my Home Fund with written notice that I have revoked it.

I request that my Home Fund deliver a copy of this written revocation to the Outside Fund.

Contractor(s) I worked for in Outside Fund's Jurisdiction: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

City/State Where Work was Performed: \_\_\_\_\_

Last 4 digits of Social Security Number. \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home Local #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

**Return this form to:**

North Central States Regional Council of Carpenters' (NCSRCC)  
Supplemental Retirement Plan  
PO Box 4002  
Eau Claire WI 54702

*This form will be forwarded to the Out-of-Area Fund by the NCSRCC Supplemental Retirement Plan and a copy will be retained by our office.*