United Brotherhood of Carpenters and Joiners of America RECIPROCITY FORM AUTHORIZATION FOR THE TRANSFER OF CONTRIBUTIONS

Please complete this form in its entirety (Parts A - D)

(rev 11-01-2023)

A. Participant Informati	on
--------------------------	----

Participant Name (First, MI, Last):				Participant SSN:		
Street Address:		City:		State:		Zip:
Date of Birth:	Phone:	l	Email A	ddress:		Local Number:
	in an area cover					at that the contributions made nt in the Home Fund(s) listed
Please list only	the names of the	HOME Fund	(s) to which	you want your	contribut	tions transferred to:
Health & Welfare Home I	-und:					
Pension Home Fund:						
Annuity Home Fund:						
C. Cooperating Outside. For the period beginning covered by the following F	/		erating Outsid	de/Away Fund	l(s)":	vorked or will work in an area
Health & Welfare Outside	•	Tidinioo or the	, ocoporating	001010277		14(0).
Pension Outside/Away F	und:					
Annuity Outside/Away Fu	ınd:					
Outside/Away Local Unio	n:					
Outside/Away Funds. I und investment losses on my contractual rate colle	erstand that in th individual accou cted by the Ou	e event that a int, the amo itside/Away	n outside fur unt of con Fund. Fu	nd has paid cl tributions t rthermore, s	aims, inc ransferr ince contr	ts have been incurred by the urred fees and or experienced red may be less than the ribution rates vary from Fund to ay result in an adjustment to the
Fund(s) have agreed, throuto the cooperating Outside/ the Master Reciprocal Agre commencement of my temp	t that the Trustee gh the execution Away Fund(s) ser ements. I underst orary employment	of the Internati at to my Home and this reque within the juris	onal Reciprod Fund(s) upot st for transfer sdiction of the	cal Agreement on the receipt on of contribution cooperating O	i, to have of my Reci ns must b outside/Aw	and the Trustees of my Home contributions paid on my behalf procity form in accordance with e filed within one year following yay Fund(s). This authorization d to the cooperating Outside
Outside/Away Fund(s) and contributions so transferred	its Trustees of and and for any benefi	l from all claim ts or credits wh	s, demands, nich would ha	actions, cause ve accrued or t	es of action become pa	orther discharge the cooperating ons, and suits with respect to any ayable to me or my beneficiaries onegatively affect my eligibility.
Participant Signature: _					Da	ite Signed
This Request for Transformation Outside/Away Fund. Approved by:		y Participant	is hereby acl	knowledged a	nd submi	tted by the Home Fund to the
HOME FUND:						
OUTSIDE/AWAY FUND	: 🗖					