

**MILLWRIGHT AND MACHINERY ERECTORS LOCAL 1192**

**624 28<sup>th</sup> Street North  
Birmingham, AL 35203**

**REQUEST FOR TRANSFER OF HEALTH AND WELFARE-PENSION-ANNUITY CONTRIBUTIONS**

TO THE BOARD OF TRUSTEES:

Local(s) I worked out of \_\_\_\_\_

I hereby request that you transfer to my home fund any and all contributions made on my behalf to your fund. I worked for the following employers:

EMPLOYER NAME	JOB LOCATION	MONTH EMPLOYED	HOURS WORKED
1. ALL	ALL	ALL	ALL

I understand that if this request is approved and the funds are transferred, I shall no longer have any claim on your fund to my benefits or to the benefits of my survivors or beneficiaries based on these contributions and that my eligibility for any benefits based on these contributions shall be determined solely in accordance with the provisions of the Health and Welfare Plan established by my home fund

In the transfer of such contributions to my Home Fund, in accordance with this request, I hereby release you or your successors from any future claims based upon such contributions which might have arisen had this transfer not been affected.

NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_ LOCAL <sup>1192</sup> \_\_\_\_\_

DOB \_\_\_\_\_

PENSION HOME FUND NAME **MILLWRIGHT LOCAL 1192 PENSION FUND** \_\_\_\_\_

PENSION HOME FUND ADDRESS PO Box 1449, Goodlettsville, TN 35070 \_\_\_\_\_

H & W HOME FUND NAME **AFL-AGC HEALTH & WELFARE FUND** \_\_\_\_\_

H & W HOME FUND ADDRESS P. O. Box 1492, Mobile, AL 36633 \_\_\_\_\_

ANNUITY HOME FUND NAME **MILLWRIGHT LOCAL 1192 PENSION FUND** \_\_\_\_\_

ANNUITY HOME FUND ADDRESS PO Box 1449, Goodlettsville, TN 35070 \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_