

RECIPROCAL CONTRIBUTION
AUTHORIZATION FORM

Cooperating Fund(s): _____

Name: _____ Social Security No.: _____

Home Address: _____ Home Local Union No.: _____

_____ Outside Local Union No.: _____

Home Telephone No.: _____

I hereby **ELECT**, to the extent that the Trustees of my Home Funds, below-noted and the Trustees of the Cooperating Fund, in which I was employed, have executed agreements between them permitting the transfer of contributions, to have Pension and Welfare contributions paid on my behalf, to be remitted to my Home Pension and/or Welfare Fund(s) as now stated by me.

HOME PENSION FUND NAME: Carpenters' Labor-Management Pension Fund
1300 South Meridian, Suite 200
Oklahoma City, OK 73108
Fax: 405/ 682-2651

HOME WELFARE FUND NAME: _____

I understand that the Cooperating Fund(s) will act solely as the agent of the noted Home Fund(s) and as such, I shall be subject to the eligibility rules of said Home Fund(s) upon the transfer of contributions. I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Cooperating Fund(s) and their Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me had I not authorized this transfer of contributions. I further recognize that the transfer of contributions to the noted Home Funds may or may not ultimately prove to be to the advantage of myself and/or my beneficiaries.

DATE SIGNED

SIGNATURE (Full Name)