

MILLWRIGHT AND MACHINERY ERECTORS LOCAL 1192
201 Oporto Madrid Boulevard North
Birmingham, AL 35206

OUTSIDE

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

TO THE BOARD OF TRUSTEES:

Jurisdiction (Local #) worked _____
(enter Local # above)

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	MONTHS 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 effected.

NAME _____

ADDRESS _____

SS# _____ DOB _____ HOME LOCAL # _____ 1192

MY PENSION HOME FUND NAME/ADDRESS **Tri-State Carpenters Pension Fund**
PO Box 1449
Goodlettsville, TN 37070

MY H&W HOME FUND NAME/ADDRESS **AFL-AGC Health and Welfare Fund**
P. O. Box 1492, Mobile, AL 36633

MY ANNUITY FUND NAME/ADDRESS **Tri-State Carpenters Pension Fund**
PO Box 1449
Goodlettsville, TN 37070

DATE _____ SIGNATURE _____