

**GULF COAST CARPENTERS AND MILLWRIGHTS HEALTH TRUST**

**RECIPROCAL TRANSFER AUTHORIZATION FORM**

Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

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

Home Local Union No: \_\_\_\_\_

\_\_\_\_\_

Outside Local Union No: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Outside Cooperating Fund: Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

**Contributions should be transferred to the Home Fund(s) for (check all that apply):**

**Gulf Coast Carpenters and Millwrights Health Trust**

**Central South Carpenters and Millwrights Defined**

Contribution Fund \_\_\_\_\_

**Contributions should be transferred on behalf of all of the above checked Home Funds and sent to:**

Southern Benefit Administrators

P.O. Box 1449

Goodlettsville, TN. 37070-1449

I hereby request and authorize the Board of Trustees of the above designated Outside Cooperating Fund to transfer all the health & welfare, pension, and annuity contributions actually received on my behalf to the Board of Trustees of the above designated Home Fund(s).

I understand that the Outside Cooperating Fund will act solely as the agent of the noted Home Fund(s) as such, 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 Outside Cooperating Fund and their Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contributions transferred and for any benefits or credits which would have accrued or become payable to me had not authorized this transfer of contributions. I further recognize that the transfer of contributions to the noted Home Fund(s) may or may not ultimately prove to be to the advantage of myself and/or my beneficiaries. The provisions of the United Brotherhood of Carpenters and Joiners of America International Reciprocal Agreement for Carpenters Health & Welfare Funds, Pension Funds and Annuity Funds are hereby incorporated by reference. This contribution transfer request and a uthorization shall remain in full force and effect so long as I work within the jurisdiction of the above-named Outside Cooperating Fund or until notify the Outside Cooperating Fund Administrator in writing that I desire to revoke my Transfer Authorization.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

This form must be signed, dated and submitted to the Outside Cooperating Fund as soon as possible, but no later than 60 days of commencing employment in jurisdiction of the Outside Cooperating Fund.

Millwright Local 1421  
Money Purchase Pension Plan  
Reciprocity Transfer Authorization and Request Form

Name: \_\_\_\_\_

Member of Local Union # \_\_\_\_\_

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

\_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Home Funds:**

**Local 1421 Money Purchase Pension Plan  
Zenith American Solutions  
1600 Highway 6 South  
Suite 340  
Sugarland, TX. 77478  
1.713.219.1239**

**Away Funds:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contributions should be transferred for      **Pension/Retirement Fund/Annuity**

I hereby request and authorize the Board of Trustees of the above designated Away Fund to transfer all Pension/Retirement and/or Health & Welfare contributions actually received on my behalf to the Board of Trustees of the above-designated Home Fund.

I understand and agree that I will not participate in the Away Fund, will not receive credits or benefits under the Away Fund, and waive any and all rights I may have with respect to the Away Fund. The Away Fund does not guarantee collection of contributions due on my behalf, but rather only agrees to transfer to my Home Fund whatever contributions are actually received (under the Away Fund's rules and regulations and at its contribution rates). The Away Fund also makes no promises concerning any benefits I may be entitled to under the Home Fund, and is not responsible for how the Home Fund credits or administers the transferred contributions. The Away Fund shall in no event be considered a contributing employer to the Home Fund. Accordingly, I hereby agree, on behalf of myself and my dependents, beneficiaries, heirs, administrators, and assigns, to hold the Away Fund and the Trustees of the Away Fund harmless from any and all claims, causes of action, or damages which might result from this transfer authorization or any related acts or omissions.

I also understand and agree that any benefits I am entitled to under my Home Fund will be dependent upon the Rules and Regulations of my Home Fund, the contribution rate in effect for my Home Fund from time to time, and the amount of contributions actually received. The Home Fund shall have no obligation to collect contributions for work performed outside of its jurisdiction, shall not be required to credit my hours worked unless and until it actually receives the transferred contributions, and shall credit me according to the Home Fund's contribution rate then in effect, even if this results in less credit for me than the full number of hours actually worked in the jurisdiction of the Away Fund. I, on behalf of myself and my dependents, beneficiaries, heirs, administrators, and assigns, hereby release the Home Fund and the trustees of the Home Fund from any and all claims, causes of action, and damages which relate to the transfer of contributions or this authorization to so transfer.

The provisions of the United Carpenters and Joiners of America International Reciprocal Agreement for Carpenters Pension Funds (including both Exhibits A and B thereof) and the United Brotherhood of Carpenters and Joiners of America Master Reciprocal Agreement for Health and Welfare Funds, as applicable, are hereby incorporated by reference.

This contribution transfer request and authorization shall remain in full force and effect so long as I work within the jurisdiction of the above-named Away Fund or until I notify the Away Fund Administrator in writing that I desire to revoke it.

(This form must be signed and dated within 60 days of commencing employment in jurisdiction of AWAY FUND unless AWAY FUND Administrator grants exception)

Signature \_\_\_\_\_ Date \_\_\_\_\_