

Twin City Carpenters and Joiners Pension Fund

3001 Metro Drive, Suite 500 · Bloomington, MN 55425
Phone (952) 851-5788 or 1-844-468-5916 · Fax (952) 854-1632

Request for Transfer of Pension Fund Contributions

To: Board of Trustees of the

** _____

Pursuant to the provisions of the Reciprocity Agreement entered into between your Pension Fund(s) and my home Fund(s), I hereby request that you transfer to my HOME Fund(s) the pension fund contributions made in my behalf to your Fund(s) during the calendar year _____.

Please Indicate Type of Pension Funds To Be Transferred:

Defined Benefit **Defined Contribution (annuity)** **Both**

During the year, I worked for the following employers who made, or should have made pension fund contributions in my behalf to your Fund(s):

Employer's Name	Month(s) Employed	Hours Worked
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that if this request is approved and the transfer made, I shall no longer have any claim on your Fund(s) for said contributions and/or to my dependents, survivors or beneficiaries under the Pension Plan of your Fund based upon said contributions and that my eligibility for any benefits based on said contributions shall be determined solely under, and in accordance with the provisions of the Pension Plan(s) established by my Home Fund.

** Refer to list of Funds which have entered into the Reciprocity Agreement and insert the name of the Fund(s) to which contributions were made in your behalf and which you are requesting be transferred to your Home Fund which is:

Carpenters Pension Fund (Defined Benefit Plan)
or
Carpenters Defined Contribution Plan

- OVER -

In consideration of your transferring to my Home Fund(s), in accordance with this request for Transfer, the said pension fund contributions made in my behalf to your Fund(s), I (on behalf of myself as well as on behalf of anyone claiming through me) hereby release and forever discharge you (the Trustees of the Fund above first-named), your successor and assigns, of and from all claims, demands, actions, causes of action or suits with respect to any such pension fund contributions so transferred and for, and as to, any benefits or credits which would have accrued or become payable to me had such pension fund contributions not been transferred as herein above requested. In so releasing and discharging you, I recognize that the transfer of said pension fund contributions to my Home Fund(s) may or may not ultimately prove to be to the advantage of myself and/or of my beneficiaries.

Name of Applicant (please print) _____

Social Security Number _____

Address of Applicant _____

Name and Address of Home Fund(s):

Carpenters Defined Benefit Pension Fund:

3001 Metro Drive
Suite 500
Bloomington, MN 55425

Carpenters Defined Contribution Pension Plan:

3001 Metro Drive
Suite 500
Bloomington, MN 55425

Name of Union Including Local Union Number : _____

Signature of Applicant

Date