

AR Carpenters Health & Welfare Fund
ERISA
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PENSION RECIPROCITY REQUEST

To the Board of Trustees of

I hereby request the transfer of all Pension contributions
Made on my behalf by participating employers to my Home Fund:
Carpenters Labor-Management Pension Fund
Zenith Administrators, Inc.
1300 South Meridian Ave., Suite 125
Oklahoma City, Ok 73108

Local #

I understand that this authorization is to remain in effect until revoked by me in writing.
I further understand that this authorization will automatically cancel after two continuous
years of no contributions being received and transferred by this agreement and/or if my
Membership is transferred to a local not participating in my Home Fund.

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

In the transfer of such contributions to my Home Fund, in accordance with this Agreement,
I hereby release you or your successors from any future claims based upon said contributions
Which might have arisen had this transfer request no been effected.
(Return Form to the Pension Office Above)

*Your Name (Please Print): _____

*Your Address: _____

*City, State & Zip Code: _____

*Social Security #: _____ Date: _____

Location of Work: _____ Outside Local: _____

Dates of Employment: _____

*Signature _____

RECIPROCITY TRANSFER AUTHORIZATION FORM

*Full Name: _____

*Address: _____

*City, State & Zip Code _____

*Soc. Sec. No.: _____ *Telephone No.: _____

Present Employer: _____

Local Union Jurisdiction Where Presently Employed: _____

I do hereby request and authorize the Board of Trustees of the

To transfer contributions made on my behalf to the Arkansas Carpenters Health & Welfare
Fund.

I hereby agree, on behalf of myself and my dependents and heirs, to hold the Trustees of
said Fund harmless from any claims or damages which might result from such transfer as
authorized hereby. I understand I will be entitled to receive credit toward eligibility in my
Home Fund for the contributions that are transferred. Further, the number of hours to be
credited toward my eligibility will be based on the contribution rate in effect in my Home
Fund, irrespective of any difference in the rate of health and welfare contributions required
of my employer under the terms of the collective bargaining agreement covering such
other areas.

This request shall remain in full force and effect so long as I work within the jurisdiction
of Local No. _____ or until I notify the Administrator of the Fund in writing of my desire
to revoke it.

Date Form Signed: _____

*Signature: _____