

**METAL LATHERS AND REINFORCING IRONWORKERS  
LOCAL 46  
ANNUITY, WELFARE AND HEALTH AND PENSION FUNDS**

**IRON WORKERS INTERNATIONAL RECIPROCAL AGREEMENT  
AUTHORIZATION OF CONTRIBUTIONS TRANSFER**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Home Address \_\_\_\_\_ Local Union No. \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

To the extent that the Trustees of the above-noted Cooperating Funds and the Trustees of my Home Pension, Welfare, and/or Annuity Funds (as noted below) have executed agreements permitting transfer of contributions paid on my behalf from the above-noted Funds to my Home Pension, Annuity and/or Welfare Funds, I hereby elect to have contributions transferred as follows:

Home Pension Fund Name _____ (Print)	Address _____	Transfer <input type="checkbox"/>	No Transfer <input type="checkbox"/>
Home Welfare Fund Name _____ (Print)	Address _____	Transfer <input type="checkbox"/>	No Transfer <input type="checkbox"/>
Home Annuity Fund Name _____ (Print)	Address _____	Transfer <input type="checkbox"/>	No Transfer <input type="checkbox"/>

I understand that the Cooperating Funds[s] will act solely as the agent of the noted Home Funds[s] and as such, I shall be subject to the eligibility rules of said Home Funds[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 Funds[s] and their Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contribution 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 understand that the transfer of contributions to the noted Home Funds may or may not be to the advantage of myself and/or my beneficiaries.

Date Card Signed \_\_\_\_\_ Signature \_\_\_\_\_

If you should have any questions, please contact Mr. Tony D'Amico at the Fund Office at (212) 535 - 2323.

<b>Fund Office Use Only:</b>	Agreement Type: _____	Welfare <input type="checkbox"/>
	Agreement Type: _____	Pension <input type="checkbox"/>
	Agreement Type: _____	Annuity <input type="checkbox"/>
		Initials: _____
		Date: _____