AUTHORIZATION TO TRANSFER CONTRIBUTIONS
UNDER MONEY-FOLLOWS-THE-MEMBER AGREEMENT

Host Pension Trust: LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA

Host Health & Welfare Trust: LABORERS HEALTH & WELFARE TRUST FUND FOR NORTHERN CALIFORNIA

I have been transferred by my employer from work within the jurisdiction of the Home Trusts, indicated below, to the jurisdiction of the Host Trusts. I have been cleared through the hiring hall of **Host Local Union No.** _____ on of the Host Trusts. I hereby elect to the extent that the Host Trusts and the Home Trusts have agreed through the ex he- Member Agreements, to have the Trusts transfer pension and welfare contributions paid on my behalf to the Home understand that contributions will be transferred to both the Home Pension Trust and Home Welfare Trust, unless one of those Home Trusts is the same as a Trust.

Where the work was performed

Home Pension Trust: _____

Home Health & Welfare Trust: _____

Member's Home Trust

Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Member's Employer Info.

I understand that this authorization must be filed with the Administration Office of the Host Trusts within 90 days following the beginning of my employment within the Host Trusts' jurisdiction. If this authorization is not filed within that 90-day period, then contributions will only be transferred if an extension is granted by both the Host Trusts and the Home Trusts. If this authorization is filed within the 90-day period, contributions are transferred for hours worked commencing on the date of my employment in the Host Trusts' jurisdiction, unless benefits have been paid. If benefits have been paid by the Host Welfare Trust, contributions will only be transferred to the Home Welfare Trust on a prospective basis. **This Authorization is only valid for the twelve (12) month period following the month in which it is signed. However, subsequent Authorizations may be filed.**

I understand that upon transfer of contributions, the Host Trusts will act solely as the agent of the Home Trusts, and as such, I shall be subject to the eligibility rules of the Home Trusts. I further understand that in the event the contribution rates of the Host Trusts and Home Trusts differ, the Trustees of the Home Trusts, in their discretion, may determine how such transferred contributions will be credited and may adjust benefits or eligibility to be provided accordingly.

I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Host Trusts and their Trustees of and from all claims, demands, actions, causes of actions or suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me, or my beneficiaries, had I not authorized this transfer of contributions. I have made this election to transfer contributions to the Home Trusts indicated above, notwithstanding the possibility that such an election may not always be advantageous to me and/or my beneficiaries. Accordingly, I hereby further release (on behalf of myself as well as on behalf of anyone claiming through me) both the Host Trusts and the Home Trusts and their Trustees from any liability or claim that the transfer of contributions may not work to my best interest.

LiUNA ID#: _____ Home Local Union: _____

Member Full Name: _____ SSN: _____

Member Info.

Home Address: _____ City: _____ State: _____ Zip: _____

Member Signature: _____ Date: _____

_____ I understand that this authorization is valid as stated above and I am responsible for filing subsequent authorizations if needed.

(initials)

THIS AUTHORIZATION IS NOT VALID UNLESS SIGNED BY AUTHORIZED HOST UNION REPRESENTATIVE

Host Local Union No: _____ *Clearance*

Host Local Union Fringe Rate Dispatched at: Pension $ _____ Health & Welfare $ _____

Local Union fringe benefit rate dispatched

Authorized Union Representative Signature: _____ Date: _____

Local Union clearance where the work was performed

Send completed form to Host Trust Fund.

PLEASE NOTE: THIS FORM IS ONLY GOOD FOR 12 MONTHS. FILL OUT ANNUALLY!