

Filling out a Money Follows the Member Agreement

If the members Home Trust Fund located in the Western States below?

AND

If the work being performed in one of the jurisdictions of the following Trust Funds within the Western States below?

Northern California – Laborers Trust Funds for Northern California

San Diego – San Diego County Construction Laborers Pension Fund

Southern California – Laborers Trust Funds for Southern California

Oregon & Southern Idaho – Oregon Laborers-Employers Trust Funds

Western Washington – Western Washington Laborers-Employers Pension Trust Fund

Washington & Northern Idaho – Northwest Laborers-Employers Health & Security Fund

Eastern Washington & Northern Idaho – Washington-Idaho Laborers-Employers Pension Trust Fund

Then fill out the Money Follows the Member_West Coast agreement.

OR

If the members Home Trust Fund is not listed above?

OR

If the work is being performed outside of the jurisdictions of the Trust Funds listed above?

Then fill out the Money Follow the Member_Rest of U.S.

See examples below.

* If Trust is not listed in drop downs, type it in the space provided.

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

MFM-LEAFLET 10-2018

Cooperating Host Pension Trust*: LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA

Cooperating Host 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 Cooperating Host Trusts. I have been cleared through the hiring hall of Host Local Union No. 185 to work in the jurisdiction of the Cooperating Host Trusts. I hereby elect, to the extent that the Cooperating Host Trusts and the Home Trusts have agreed to the execution of Money-Follows-the-Member Agreements, to have the Cooperating Trusts transfer pension and welfare contributions on my behalf to the Home Trusts indicated below. I 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 Cooperating Trust.

Home Pension Trust*: OREGON LABORERS-EMPLOYERS PENSION TRUST FUND (OR & S.ID)

Home Welfare Trust*: OREGON LABORERS HEALTH & WELFARE FUND (OR & S.ID)

Employer Name: Awesome Construction Company, Inc.

Employer Address: 123 Project Way

City/State/Zip: Sacramento CA 94515

Project/Location: New MLS Stadium

Start Date: 09/01/18 Ends Approx: 09/01/20

I understand that this authorization must be filed with the Administration Office of the Cooperating Host Trusts within 90 days following the beginning of my employment within the Cooperating 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 Cooperating Host Trusts and the Home Trusts. If this authorization is filed within the 90 day time period, contributions are transferred for hours worked commencing on the date of my employment in the Cooperating Host Trusts' jurisdiction, unless benefits have been paid. If benefits have been paid by the Cooperating Host Welfare Trust, contributions will only be transferred to the Home Welfare Trust on a prospective basis. Unless noted otherwise in this form as "Various Projects," this authorization is only valid for the duration of the project specified with the employer as indicated above. Subsequent Authorizations are required in order to work with a new project and/or employer, regardless of geographical area.

I understand that upon transfer of contributions, the Cooperating 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 Cooperating 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 Cooperating 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 or for 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 election may not always be advantageous to me and/or my beneficiaries. I hereby further release (on behalf of myself as well as on behalf of anyone claiming through me) both the Cooperating 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
Member Name: Joe Laborer

Home Local: 155

SSN: 123456789

Home Address: 555 Beaver Lane

City/State/Zip: Portland OR 97035

Date: Aug 7, 2018

Member Signature

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

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

Host Local Union No: 185

Clearance: Local Union fringe benefit rate dispatched Date: Aug 7, 2018

Authorized Union
Representative Signature

Host Local Union Fringe

Rate Dispatched at: Pension \$

Health & Welfare \$

*Send completed form to
Cooperating Host Trust Fund.

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

Where the
work is
performed

Cooperating Pension Trust: **Northern California Laborers Pension Trust Fund**

Cooperating Welfare Trust(s): **Northern California Laborers Health & Welfare Trust Fund**

I have been transferred by my employer from work within the jurisdiction of the Home Trusts, indicated below, to work within the jurisdiction of the Cooperating Trusts. I have been cleared through the hiring hall of Local Union No. **185** to work in the jurisdiction of the Cooperating Trusts. I hereby elect, to the extent that the Cooperating Trusts and the Home Trusts have agreed through the execution of Money-Follows-the-Man Agreements, to have the Cooperating Trusts transfer pension and welfare contributions paid on my behalf to the Home Trusts indicated below. I 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 Cooperating Trust.

Where the work
is performed

Northern Nevada Laborers Pension Trust Fund

Name of Home Pension Trust

Members
Home Trust
Funds

Northern Nevada Laborers Health & Welfare Trust Fund

Name of Home Welfare Trust(s)

Member's
Employer
Info

Awesome Construction Company

Reno, NV

Employer's Name

Employer's Address

I understand that this authorization must be filed with the Administration Office of the Cooperating Trusts within 90 days following the beginning of my employment within the Cooperating 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 Cooperating Trusts and the Home Trusts.

If this authorization is filed within the 90 day time period, contributions are transferred for hours worked commencing on the date of my employment in the Cooperating Trusts' jurisdiction, unless benefits have been paid. If benefits have been paid by the Cooperating 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 Cooperating 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 Cooperating 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 Cooperating 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 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 Cooperating Trusts and the Home Trusts and their Trustees from any liability or claim that the transfer of contributions may not be in my best interest.

Member
Info

Member's Name: **Joe Laborer** Home Local #: **169** SSN: **000-00-1234**

Home Address: **555 Happy Lane, Reno, NV 94534**

Signature: **Joe Laborer** Date: **January 1, 2018**

Local Union
clearance
where work is
performed

This Authorization is not valid unless signed by Authorized Union Representative.

Local Union No. **185** Clearance

Authorized Union Representative: **Northern California Laborers Local 185** Date: **01/01/18**

Local Union
fringe benefit
rate
dispatched

Fringe Rate Dispatched: Pension \$ / Health & Welfare \$