

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

Cooperating Pension Trust: \_\_\_\_\_

Cooperating Welfare Trust(s): \_\_\_\_\_

I have been transferred by my employer from work within the jurisdiction of the Home Trusts, indicated below, to the jurisdiction of the Cooperating Trusts. I have been cleared through the hiring hall of Local Union No. \_\_\_\_\_ 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.

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Name of Home Pension Trust

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Name of Home Welfare Trust(s)

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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 work to my best interest.

Member's Name: \_\_\_\_\_ Home Local #: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Local Union No. \_\_\_\_\_ Clearance

Authorized Union Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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