

OREGON - WASHINGTON CARPENTERS - EMPLOYERS TRUST FUNDS

C/O THE WILLIAM C. EARHART COMPANY, INC.
P.O. BOX 4148, PORTLAND, OR 97208 / 3140 N.E. BROADWAY, PORTLAND, OR 97232
LOCAL: (503) 282-5581 / TOLL FREE: (800) 547-1314
FAX: (503) 284-9386

United Brotherhood of Carpenters and Joiners of America International Reciprocal Agreement for Pension Plan

Authorization to Transfer Fringe Benefit Contributions and Release

Funds to be transferred

	Pension	1	
I am a participant in the Trust F	und identified below (refer	red to as the "Home	Fund"):
Home Fund			
Address			
City	State	Zip	
However, for the period beginn worked in the area covered by t	inghe following Trust Fund (re	eferred to as the "Co	_, I will be working or have opperating Fund"):
Cooperating Fund			
Address			
City	State	Zip	
I understand that this request fo employment in the Cooperating			
I hereby elect to have contributed Fund, as was authorized by The through the execution of the Int will act solely as the agent of the I do not timely submit this form and the pro-rata pension provision.	Trustees of the above Coo ernational Reciprocal Agre e Home Fund with respect I, I will be treated as if I ele	perating Fund and the ement. I understand to the transfer of co ected not to authorize	that the Cooperating Fund that the Cooperating Fund ntributions. I recognize that if e a transfer of contributions,
On behalf of myself as well as a Cooperating Fund and its Trustorespect to any contributions so the become payable to me or my be recognize that the transfer of cobeneficiaries.	ees from all claims, demand transferred and for any ben eneficiaries had I not author	ds, actions, causes of efits or credits which rized this transfer of	f action, and suits with n would have accrued to contributions. I further
Participant Name			
Home Address			
City	State	Zip	
Home Local#	_Social Security No		
Signature		Date	

(2) Home Fund

OWC-043 7/08 2,500

Send copy to:

(1) Cooperating Fund

(3) Participant Copy