

Email completed form to tammy@ibew993.org or fax to (250) 376-8136

TRUST FUNDS RECIPROCAL AGREEMENT
CONTRIBUTION TRANSFER AUTHORIZATION FORM

Name _____ Social Insurance No. _____

Address _____

Home Local Union No. _____

Home Plan Name _____

Home Plan Fund Office Address _____
Street
City Province Postal Code

Employment Area Local Union No.

Date First Worked in Area _____
Month / Day / Year

I hereby authorize the : (Please check appropriate box(es) and initial).

Joint Electrical Industry's Welfare Plan ()
(Name of Related Health & Welfare Plan)
Joint Electrical Industry's Welfare Plan ()
(Name of Related Retirement Plan)

to transfer to my Home Plan contributions received by them for hours worked by me. I understand that contribution will be transferred from the beginning of the month in which this Contribution Transfer Authorization Form is received by the Administrator of the Related Plan. I do further release said Trust Fund(s), and agree to hold them harmless, from any and all liability which they might incur by reason of any damage resulting to me or my dependents by reason of such transfer.

(Members Signature) (Date)

.....
I hereby certify that the Member named above has registered for work in an area covered by this Related Plan. In accordance with the direction of the above Member, all contributions received for all hours worked / earned by him under this Related Plan are to be transferred to his Home Plan in accordance with the Reciprocity Agreement in effect.

Related Local Union No. IBEW Local Union 993

Date _____ By _____
(Business Manager or Authorized Designate)

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